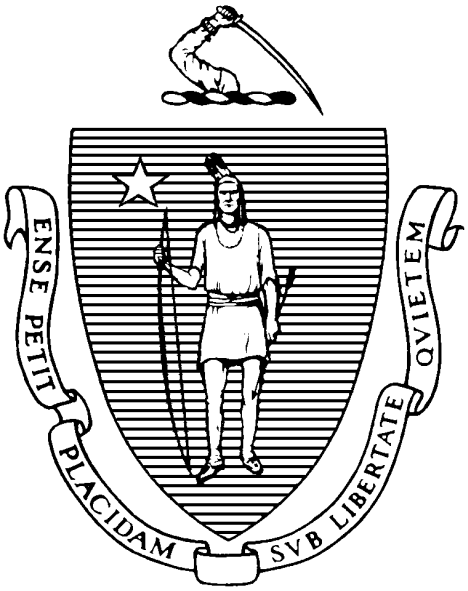
Issue: 1580, Date: August 14, 2026



The Massachusetts Register

Published by:
The Secretary of the Commonwealth,
William Francis Galvin, Secretary

$15.00

Issue: 1580, Date: 8/14/2026

THE COMMONWEALTH OF MASSACHUSETTS

Secretary of the Commonwealth - William Francis Galvin

The Massachusetts Register

TABLE OF CONTENTS

MASSACHUSETTS REGISTER (THE) (ISSN-08963681) is published biweekly for $300.00 per year by the Secretary of the Commonwealth, State House, Boston, MA 02133. Second Class postage is paid at Boston, MA. POSTMASTER: Send address change to: Massachusetts Register, State Bookstore, Room 116, State House, Boston, MA 02133.

Notices of Emergency Expiration

There Are No Notices of Emergency Expiration

Emergency Regulations

Acts 2026

CHAPTER NUMBER	BILL NUMBER	TITLE	DATE
128	S 3031	Establishing a Sick Leave Bank for Stephanie Rivera, an Employee of the Worcester County Sheriff's Office.	7/7/2026
129	H 4805	Amending the Town Charter of the Town of Plainville.	7/7/2026
130	H 4782	Amending the Charter of the Town of Hudson.	7/7/2026
131	H 4254	Directing the City of Boston Police to Waive the Maximum Age Requirement for Police Officers for Rodney Alcindor.	7/7/2026
132	H 4255	Directing the City of Boston Police Department to Waive the Maximum Age Requirement for Police Officers for Jonathan Telfort.	7/7/2026
133	H 4887	Authorizing the Town of Plymouth to Establish a Special Revenue Account for Land Acquisition.	7/7/2026
134	H 4891	Amending the Charter of the City Know as the Town of Randolph Regarding Compensation of Town Council and School Committee Members and Meetings of Multiple-Member Bodies.	7/7/2026
135	H 4781	Authorizing the City Known as the Town of Bridgewater to Amend its Charter to Include Gender Neutral Language.	7/7/2026
136	H 5109	Authorizing the Town of Falmouth to Expend Funds to Offset Certain Costs Associated with the Installation of Low Pressure Pumps on Private Property in Future Sewer Service Areas.	7/8/2026
137	H 5555	Making Appropriations for the Fiscal Year 2027 for the Maintenance of the Departments, Boards, Commission, Institutions, and Certain Activities of the Commonwealth, for Interest, Sinking Fund, and Serial Bond Requirements, and for Certain Permanent Improvements.	7/9/2026
138	H 5342	Authorizing the City Known as the Town of Bridgewater to Issue an Additional License for the Sale of All Alcoholic Beverages Not to Be Drunk on the Premises.	7/14/2026
139	H 4507	Authorizing William Pilleri to Take the Civil Service Examination for the Position of Firefighter in the Town of Arlington Notwithstanding the Maximum Age Requirement.	7/14/2026
140	H 4231	Relative to Parking Enforcement in the City of Cambridge.	7/14/2026
141	H 5098	Authorizing the City of Salem to Grant an Additional License for the Sale of All Alcoholic Beverages to Be Drunk on the Premises.	7/14/2026
142	H 4359	Authorizing the Town of Milford to Convert a License for the Sale of Wine and Malt Beverages into a License for the Sale of All Alcoholic Beverages Not to Be Consumed on the Premises.	7/14/2026
143	S 2903	Honoring Blue Star Families.	7/15/2026

Acts 2026

CHAPTER NUMBER	BILL NUMBER	TITLE	DATE
144	S 2895	Further Regulating the Amendment of a Conservation Restriction in the Town of Hanson.	7/17/2026
145	S 2967	Providing for the Ownership and Maintenance of the Town Line Brook and Linden Brook Culverts and Dams.	7/17/2026
146	S 2628	Regulating the Issuance of Licenses for the Sale of Alcoholic Beverages in the Town of Bolton.	7/17/2026
147	H 2250	Dissolving the Whately Water District.	7/25/2026
148	S 2577	Increasing the Amount of Parking Fines in the Town of Scituate.	7/25/2026
149	S 3106	Relative to Toxic-Free Medical Devices.	7/25/2026
150	H 4321	Authorizing the Dalton Fire District to Continue the Employment of Interim Fire Chief Christopher Francis Cachat.	7/28/2026
151	H 899	Dedicating a Certain Park and a Certain Field Space in the South Boston Section of the City of Boston.	7/28/2026
152	S 2735	Dissolving the North Carver Water District.	7/31/2026
153	H 5388	Authorizing the Transfer of a Certain Parcel of Land in the Town of Marion from the Open Space Acquisition Commission to the Marion Select Board.	7/31/2026
154	H 5308	Providing for the Powers of the Town Administrator of the Town of Carlisle.	7/31/2026
155	H 4813	Authorizing the Town of Milton to Grant Additional Licenses for the Sale of All Alcoholic Beverages to Be Drunk on the Premises.	7/31/2026
156	H 4702	Exempting the Position of Police Lieutenant and Police Sergeant in the City of Leominster from the Civil Service Law.	7/31/2026
157	H 5569	Further Regulating Property Tax Classifications in the City of Watertown for Fiscal Year 2027 and Subsequent Fiscal Years.	7/31/2026

STATE REGISTER OF HISTORIC PLACES

WEEKS OF: June 8 to August 1, 2026

For further information call the Massachusetts Historical Commission (617-727-8470)

ACTIONS TAKEN UNDER 950 CMR 71.00

Town/Property/Agency	Finding	Date
NONE		

ADDITIONAL LISTINGS UNDER 950 CMR 71.00

Town/Name/Address	Designation	Date	Number of Properties
Boston (Charlestown)			
Swallow Mansion 33 Cordis St	LL	6/10/2026	1
Fitchburg			
Fitchburg Paper Company Historic District 601, 642, 644, 696, 704, 714 River St; 0 Westminster St	NRDIS	7/22/2026	23
Marshfield			
Hatch-Clift House 687 Union St	NRIND	7/16/2026	6

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
COMMONWEALTH OF MASSACHUSETTS
OFFICE OF MEDICAID
ONE ASHBURTON PLACE, BOSTON, MA 02108

MAURA T. HEALEY
GOVERNOR

KIMBERLEY DRISCOLL
LIEUTENANT GOVERNOR

KIAME MAHANIAH, MD, MBA
SECRETARY

RYAN SCHWARZ, MD, MBA
ASSISTANT SECRETARY
FOR MASSHEALTH

Administrative Bulletin 26-16

101 CMR 347.00:
Rates for Freestanding Ambulatory Surgery Center Services

Effective January 1, 2026

2026 and 2025 Current Procedural Terminology/ Healthcare Common Procedure Coding System (CPT/HCPCS) Procedure Code Updates

In accordance with 101 CMR 347.01(5): *Coding Updates and Corrections*, the Executive Office of Health and Human Services (EOHHS) is adding new procedure codes; deleting outdated codes; cross-walking deleted codes to new and existing codes; and revising the code descriptions for freestanding ambulatory surgery center services, effective for dates of service on and after January 1, 2026. Part I: 2026 CPT Coding Updates lists the added codes, deleted codes, cross-walked codes, and codes with updated code descriptions based on 2026 CPT/HCPCS coding updates. Part II: 2026 Reclassification of CMS Inpatient-Only Codes lists the codes that were previously listed in the Centers for Medicare & Medicaid Services (CMS) Inpatient-Only (IPO) list and are reclassified to the CMS Ambulatory Surgical Centers (ASC) Addendum AA for use in freestanding ambulatory surgery centers (FASCs) as of January 2026. Part III: 2025 CPT/HCPCS Code Updates lists added and deleted codes issued by CMS in calendar year 2025 after January 2025.

In accordance with 101 CMR 347.01(5)(a), rates for the existing and new codes that replace deleted codes are set at the rate of the code that is being replaced. Under 101 CMR 347.01(5)(d), for all new codes that require pricing and that have Medicare rates, corresponding rates are calculated in accordance with the rate methodology used in setting current rates for the freestanding ambulatory surgery center facility component. Rates in this administrative bulletin apply until EOHHS issues revised rates. Deleted codes are not available for use for dates of service after December 31, 2025.

Part I: 2026 CPT Coding Updates

2026 Added Codes

Code	Rate	Code Description
37254	$1,820.48	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel
37255	$0.00	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)
37256	$1,820.48	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel
37257	$0.00	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)
37258	$5,252.88	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel

Code	Rate	Code Description
37259	$0.00	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)
37260	$5,252.88	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37261	$0.00	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)
37263	$2,651.96	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel
37265	$2,651.96	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel

Code	Rate	Code Description
37267	$5,478.11	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel
37269	$5,478.11	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37271	$5,674.09	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel
37273	$5,674.09	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37275	$9,300.44	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel

Code	Rate	Code Description
37277	$9,300.44	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37280	$4,819.83	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel
37281	$0.00	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)
37282	$4,819.83	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel
37283	$0.00	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, complex lesion, each additional vessel (List separately in addition to code for primary procedure)

Code	Rate	Code Description
37284	$8,586.45	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel
37285	$0.00	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)
37286	$8,586.45	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37287	$0.00	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)
37288	$8,743.73	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel

Code	Rate	Code Description
37289	$0.00	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)
37290	$8,743.73	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37291	$0.00	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)
37292	$9,052.07	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel

Code	Rate	Code Description
37293	$0.00	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)
37294	$9,052.07	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
37295	$0.00	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)
55707	$671.25	Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])
55708	$671.25	Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance, first targeted lesion
55709	$671.25	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])
55710	$671.25	Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance biopsy, first targeted lesion

Code	Rate	Code Description
55711	$671.25	Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion
55712	$671.25	Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion
55714	$671.25	Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion
92930	$0.00	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery and/or its branch(es); 2 or more distinct coronary lesions with 2 or more coronary stents deployed in 2 or more coronary segments, or a bifurcation lesion requiring angioplasty and/or stenting in both the main artery and the side branch

2026 Description Updates

Code	Description
92920	Percutaneous transluminal coronary angioplasty, single major coronary artery and/or its branch(es)
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery and/or its branch(es); 1 lesion involving 1 or more coronary segments

2026 Crosswalks

Deleted Code	Crosswalk to Newly Added Codes	Crosswalk to Existing Codes
37220	37254, 37256	
37221	37258, 37260	
37222	37255, 37257	
37223	37259, 37261	
37224	37263, 37265	
37225	37271, 37273	
37226	37267, 37269	
37227	37275, 37277	
37228	37280, 37282	
37229	37288, 37290	

Deleted Code	Crosswalk to Newly Added Codes	Crosswalk to Existing Codes
37230	37284, 37286	
37231	37292, 37294	
37232	37281, 37283	
37233	37289, 37291	
37234	37285, 37287	
37235	37293, 37295	
55700	55707, 55708, 55709, 55710, 55711, 55712, 55714	55705
92921		92920
92929	92930	92928

2026 Deleted Codes

Code	Code Description
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed

Code	Code Description
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed
37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)

Code	Code Description
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)
55700	Biopsy, prostate; needle or punch, single or multiple, any approach
92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)

Part II: 2026 Reclassification of CMS Inpatient-Only Codes to CMS ASC Addendum AA[1]

In accordance with 101 CMR 347.01(5), EOHHS is adding codes that were previously listed in the CMS IPO list and are reclassified to the CMS ASC Addendum AA for use in freestanding ambulatory surgery centers, effective January 1, 2026. The following codes were removed from the CMS IPO list and added to the CMS ASC Addendum AA as of January 2026.

2026 Reclassified Codes

Code	Rate	Code Description
20661	$940.05	Application of halo, including removal; cranial
20664	$940.05	Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta)
20802	$11,843.21	Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation
20805	$11,843.21	Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation
20808	$11,843.21	Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation
20816	$940.05	Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation

[1] CMS-1834-FC: Hospital Outpatient Prospective Payment- Notice of Final Rulemaking (NFRM)

Code	Rate	Code Description
20824	$940.05	Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation
20827	$741.94	Replantation, thumb (includes distal tip to MP joint), complete amputation
20838	$11,843.21	Replantation, foot, complete amputation
20955	$3,979.95	Bone graft with microvascular anastomosis; fibula
20956	$3,979.95	Bone graft with microvascular anastomosis; iliac crest
20957	$3,979.95	Bone graft with microvascular anastomosis; metatarsal
20962	$3,979.95	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal
20969	$3,979.95	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe
20970	$3,979.95	Free osteocutaneous flap with microvascular anastomosis; iliac crest
21045	$2,571.78	Excision of malignant tumor of mandible; radical resection
21145	$3,406.21	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
21146	$3,258.47	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)
21147	$3,258.47	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)
21151	$3,258.47	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)
21154	$3,258.47	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I
21155	$3,258.47	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I
21159	$3,258.47	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I

Code	Rate	Code Description
21160	$3,258.47	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I
21179	$3,258.47	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21180	$3,258.47	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)
21182	$3,258.47	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm
21183	$3,258.47	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm
21184	$3,258.47	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm
21188	$3,258.47	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
21247	$2,571.78	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)
21268	$3,258.47	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach
21343	$3,466.25	Open treatment of depressed frontal sinus fracture
21344	$2,571.78	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches
21348	$3,258.47	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)
21423	$4,113.74	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches
21431	$3,258.47	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint

Code	Rate	Code Description
21432	$3,258.47	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation
21433	$3,258.47	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches
21435	$3,258.47	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)
21436	$3,258.47	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)
21510	$1,398.14	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax
21602	$3,979.95	Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy
21603	$3,979.95	Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadenectomy
21615	$3,141.20	Excision first and/or cervical rib;
21616	$3,141.20	Excision first and/or cervical rib; with sympathectomy
21620	$1,398.14	Ostectomy of sternum, partial
21627	$1,398.14	Sternal debridement
21630	$3,141.20	Radical resection of sternum
21705	$3,141.20	Division of scalenus anticus; with resection of cervical rib
21740	$3,979.95	Reconstructive repair of pectus excavatum or carinatum; open
21750	$3,979.95	Closure of median sternotomy separation with or without debridement (separate procedure)
21825	$3,979.95	Open treatment of sternum fracture with or without skeletal fixation
22010	$3,141.20	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic
22015	$3,141.20	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral
22110	$3,141.20	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical

Code	Rate	Code Description
22112	$3,141.20	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic
22114	$3,141.20	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar
22116	$0.00	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)
22206	$3,141.20	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic
22207	$3,141.20	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar
22208	$0.00	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)
22210	$3,979.95	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical
22212	$4,826.26	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic
22214	$4,816.79	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar
22216	$0.00	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)
22220	$5,311.10	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical
22222	$3,141.20	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic
22224	$3,141.20	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar
22226	$0.00	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)

Code	Rate	Code Description
22318	$5,783.77	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting
22319	$8,069.87	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting
22325	$7,909.46	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar
22326	$5,783.77	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical
22327	$8,073.85	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic
22328	$0.00	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary procedure)
22532	$5,783.77	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
22533	$7,867.46	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
22534	$0.00	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)
22548	$8,069.87	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process
22556	$11,345.82	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic

Code	Rate	Code Description
22558	$17,086.05	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
22586	$11,843.21	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace
22590	$7,410.29	Arthrodesis, posterior technique, craniocervical (occiput-C2)
22595	$5,783.77	Arthrodesis, posterior technique, atlas-axis (C1-C2)
22600	$11,137.78	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment
22610	$11,162.17	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)
22800	$11,465.08	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments
22802	$11,843.21	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments
22804	$11,843.21	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments
22808	$11,660.24	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments
22810	$11,843.21	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments
22812	$11,843.21	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments
22818	$7,867.46	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments
22819	$7,867.46	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments
22830	$4,261.87	Exploration of spinal fusion
22836	$11,843.21	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments
22837	$11,843.21	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments

Code	Rate	Code Description
22838	$11,843.21	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed
22841	$0.00	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)
22843	$0.00	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)
22844	$0.00	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)
22846	$0.00	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)
22847	$0.00	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)
22849	$7,833.24	Reinsertion of spinal fixation device
22850	$3,141.20	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)
22852	$3,141.20	Removal of posterior segmental instrumentation
22855	$3,141.20	Removal of anterior instrumentation
22857	$10,794.89	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar
22860	$0.00	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)
22861	$9,938.34	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
22862	$11,843.21	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
22864	$3,141.20	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
22865	$3,141.20	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
23200	$3,141.20	Radical resection of tumor; clavicle

Code	Rate	Code Description
23210	$3,141.20	Radical resection of tumor; scapula
23220	$3,141.20	Radical resection of tumor, proximal humerus
23335	$4,247.25	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)
23474	$8,496.31	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component
23900	$5,783.77	Interthoracoscapular amputation (forequarter)
23920	$5,783.77	Disarticulation of shoulder;
24900	$5,783.77	Amputation, arm through humerus; with primary closure
24920	$5,783.77	Amputation, arm through humerus; open, circular (guillotine)
24930	$3,141.20	Amputation, arm through humerus; re-amputation
24931	$8,069.87	Amputation, arm through humerus; with implant
24940	$8,069.87	Cineplasty, upper extremity, complete procedure
25900	$3,141.20	Amputation, forearm, through radius and ulna;
25905	$3,141.20	Amputation, forearm, through radius and ulna; open, circular (guillotine)
25915	$3,141.20	Krukenberg procedure
25920	$1,398.14	Disarticulation through wrist;
25924	$1,398.14	Disarticulation through wrist; re-amputation
25927	$1,398.14	Transmetacarpal amputation;
26551	$3,979.95	Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft
26553	$3,979.95	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single
26554	$3,979.95	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double
26556	$3,979.95	Transfer, free toe joint, with microvascular anastomosis
26992	$1,398.14	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)
27005	$1,398.14	Tenotomy, hip flexor(s), open (separate procedure)
27025	$1,786.39	Fasciotomy, hip or thigh, any type
27030	$3,141.20	Arthrotomy, hip, with drainage (eg, infection)

Code	Rate	Code Description
27036	$3,141.20	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)
27054	$1,398.14	Arthrotomy with synovectomy, hip joint
27070	$2,282.78	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial
27071	$1,398.14	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)
27075	$3,979.95	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis
27076	$3,141.20	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum
27077	$3,141.20	Radical resection of tumor; innominate bone, total
27078	$3,141.20	Radical resection of tumor; ischial tuberosity and greater trochanter of femur
27090	$3,141.20	Removal of hip prosthesis; (separate procedure)
27091	$5,783.77	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer
27120	$8,069.87	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)
27122	$3,141.20	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)
27125	$7,355.00	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)
27132	$8,251.21	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
27134	$7,926.90	Revision of total hip arthroplasty; both components, with or without autograft or allograft
27137	$7,598.60	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
27138	$7,746.56	Revision of total hip arthroplasty; femoral component only, with or without allograft

Code	Rate	Code Description
27140	$3,141.20	Osteotomy and transfer of greater trochanter of femur (separate procedure)
27146	$3,979.95	Osteotomy, iliac, acetabular or innominate bone;
27147	$3,979.95	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip
27151	$3,979.95	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy
27156	$3,979.95	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip
27158	$3,979.95	Osteotomy, pelvis, bilateral (eg, congenital malformation)
27161	$3,979.95	Osteotomy, femoral neck (separate procedure)
27165	$3,979.95	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast
27170	$4,099.26	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)
27175	$1,398.14	Treatment of slipped femoral epiphysis; by traction, without reduction
27176	$1,771.45	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ
27177	$1,771.45	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)
27178	$1,771.45	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning
27181	$3,979.95	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation
27185	$1,771.45	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur
27187	$4,541.63	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur
27222	$115.21	Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction
27226	$4,823.82	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation
27227	$4,162.84	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation

Code	Rate	Code Description
27228	$4,522.96	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation
27232	$741.94	Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction
27236	$4,149.32	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement
27240	$741.94	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction
27244	$4,066.79	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage
27245	$4,106.83	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage
27248	$3,141.20	Open treatment of greater trochanteric fracture, includes internal fixation, when performed
27253	$1,398.14	Open treatment of hip dislocation, traumatic, without internal fixation
27254	$3,141.20	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation
27258	$1,398.14	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);
27259	$1,771.45	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening
27268	$741.94	Closed treatment of femoral fracture, proximal end, head; with manipulation
27269	$3,979.95	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed
27280	$11,737.50	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed
27282	$1,771.45	Arthrodesis, symphysis pubis (including obtaining graft)

Code	Rate	Code Description
27284	$8,069.87	Arthrodesis, hip joint (including obtaining graft);
27286	$8,069.87	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy
27290	$7,867.46	Interpelviabdominal amputation (hindquarter amputation)
27295	$7,867.46	Disarticulation of hip
27303	$1,771.45	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)
27365	$1,398.14	Radical resection of tumor, femur or knee
27448	$3,141.20	Osteotomy, femur, shaft or supracondylar; without fixation
27450	$3,979.95	Osteotomy, femur, shaft or supracondylar; with fixation
27454	$3,979.95	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)
27455	$3,141.20	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure
27457	$3,141.20	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure
27465	$3,979.95	Osteoplasty, femur; shortening (excluding 64876)
27466	$3,979.95	Osteoplasty, femur; lengthening
27470	$3,141.20	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)
27472	$4,094.12	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)
27486	$5,783.77	Revision of total knee arthroplasty, with or without allograft; 1 component
27487	$11,869.64	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component
27488	$8,069.87	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee
27495	$4,226.16	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur
27506	$3,994.28	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws

Code	Rate	Code Description
27507	$4,298.66	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage
27511	$7,868.11	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed
27513	$7,676.32	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed
27514	$7,853.17	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed
27519	$3,979.95	Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed
27535	$4,301.10	Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed
27536	$4,285.95	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation
27540	$3,141.20	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed
27556	$3,141.20	Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction
27557	$3,979.95	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair
27558	$3,979.95	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction
27580	$7,477.05	Arthrodesis, knee, any technique
27590	$1,398.14	Amputation, thigh, through femur, any level;
27591	$1,398.14	Amputation, thigh, through femur, any level; immediate fitting technique including first cast
27592	$1,398.14	Amputation, thigh, through femur, any level; open, circular (guillotine)
27596	$1,398.14	Amputation, thigh, through femur, any level; re-amputation
27598	$1,398.14	Disarticulation at knee
27645	$1,398.14	Radical resection of tumor; tibia
27646	$1,398.14	Radical resection of tumor; fibula

Code	Rate	Code Description
27703	$11,921.82	Arthroplasty, ankle; revision, total ankle
27712	$8,069.87	Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)
27715	$8,069.87	Osteoplasty, tibia and fibula, lengthening or shortening
27724	$4,228.04	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)
27725	$4,080.87	Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method
27727	$1,398.14	Repair of congenital pseudarthrosis, tibia
27880	$3,141.20	Amputation, leg, through tibia and fibula;
27881	$1,398.14	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast
27882	$1,398.14	Amputation, leg, through tibia and fibula; open, circular (guillotine)
27886	$1,398.14	Amputation, leg, through tibia and fibula; re-amputation
27888	$1,398.14	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves
28800	$1,398.14	Amputation, foot; midtarsal (eg, Chopart type procedure)
35372	$3,570.82	Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral
35800	$2,709.26	Exploration for postoperative hemorrhage, thrombosis or infection; neck
37182	$11,291.21	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)
37617	$2,709.26	Ligation, major artery (eg, post-traumatic, rupture); abdomen
38562	$2,695.78	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic
43840	$1,688.57	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury
44300	$760.18	Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)
44314	$1,649.66	Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)

Code	Rate	Code Description
44345	$1,649.66	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)
44346	$1,649.66	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)
44602	$1,688.57	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation
49010	$2,860.35	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)
49255	$2,860.35	Omentectomy, epiploectomy, resection of omentum (separate procedure)
51840	$1,951.22	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple
56630	$1,951.22	Vulvectomy, radical, partial;
61624	$10,847.78	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), including all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention, percutaneous, any method; central nervous system (intracranial, spinal cord)
G0412	$4,669.06	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral or bilateral for pelvic bone fracture patterns which do not disrupt the pelvic ring, includes internal fixation, when performed
G0414	$4,567.33	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation when performed (includes pubic symphysis and/or superior/inferior rami)
G0415	$1,398.14	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation, when performed (includes ilium, sacroiliac joint and/or sacrum)

Part III: 2025 CPT/HCPCS Code Updates

In accordance with 101 CMR 347.01(5), EOHHS is adding new codes and deleting codes that were updated in the CMS ASC Addendum AA after January 1, 2025, for freestanding ambulatory surgery center services. These coding updates are effective for dates of service on and after January 1, 2026. Under 101 CMR 347.01(5)(d), for new codes that require pricing and that have Medicare rates, corresponding rates are calculated in accordance with the rate methodology

used in setting current rates for the freestanding ambulatory surgery center facility component. Rates in this administrative bulletin apply until EOHHS issues revised rates. Deleted codes are not available for use for dates of service after December 31, 2025.

2025 Added Codes

Code	Rate	Code Description
20100	$251.15	Exploration of penetrating wound (separate procedure); neck
20101	$959.28	Exploration of penetrating wound (separate procedure); chest
20102	$959.28	Exploration of penetrating wound (separate procedure); abdomen/flank/back
20660	$741.94	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)
21049	$2,571.78	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion[s])
21141	$2,571.78	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft
21142	$3,299.22	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft
21143	$2,571.78	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft
21172	$2,571.78	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21175	$2,571.78	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
21193	$2,571.78	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft

Code	Rate	Code Description
21196	$2,571.78	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21255	$3,258.47	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21256	$3,285.94	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)
21261	$2,571.78	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach
21263	$2,571.78	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement
21346	$2,571.78	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation
21347	$3,292.81	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches
21366	$3,258.47	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)
21385	$2,571.78	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)
21386	$2,571.78	Open treatment of orbital floor blowout fracture; periorbital approach
21387	$2,571.78	Open treatment of orbital floor blowout fracture; combined approach
21395	$2,571.78	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)
21408	$2,571.78	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)

Code	Rate	Code Description
21422	$3,337.33	Open treatment of palatal or maxillary fracture (LeFort I type);
21470	$3,326.70	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints
21601	$1,061.11	Excision of chest wall tumor including rib(s)
21742	$1,771.45	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy
21743	$1,771.45	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy
22100	$3,141.20	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical
22101	$3,141.20	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic
22630	$17,729.77	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;
22632	$0.00	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)
22633	$17,715.21	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar;
22848	$0.00	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)

Code	Rate	Code Description
23473	$7,981.70	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
24150	$3,141.20	Radical resection of tumor, shaft or distal humerus
24935	$3,141.20	Stump elongation, upper extremity
25170	$3,141.20	Radical resection of tumor, radius or ulna
25909	$3,141.20	Amputation, forearm, through radius and ulna; re-amputation
27027	$3,141.20	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral
27057	$1,002.93	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral
27179	$3,141.20	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)
27235	$3,141.20	Percutaneous skeletal fixation of femoral fracture, proximal end, neck
27477	$4,316.52	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal
27485	$3,141.20	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)
27722	$4,027.02	Repair of nonunion or malunion, tibia; with sliding graft
28360	$3,979.95	Reconstruction, cleft foot

Code	Rate	Code Description
28805	$1,398.14	Amputation, foot; transmetatarsal
31241	$717.20	Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery
31292	$2,083.37	Nasal/sinus endoscopy, surgical, with orbital decompression; medial or inferior wall
31293	$2,083.37	Nasal/sinus endoscopy, surgical, with orbital decompression; medial and inferior wall
31294	$2,083.37	Nasal/sinus endoscopy, surgical, with optic nerve decompression
31584	$2,571.78	Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed
31587	$2,571.78	Laryngoplasty, cricoid split, without graft placement
31600	$1,258.43	Tracheostomy, planned (separate procedure);
31601	$2,571.78	Tracheostomy, planned (separate procedure); younger than 2 years
31610	$2,571.78	Tracheostomy, fenestration procedure with skin flaps
31660	$3,266.29	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe
31661	$2,986.88	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes
31785	$2,571.78	Excision of tracheal tumor or carcinoma; cervical

Code	Rate	Code Description
32551	$552.49	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)
32560	$292.89	Instillation, via chest tube/catheter, agent for pleurodesis (eg, talc for recurrent or persistent pneumothorax)
32561	$292.89	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); initial day
32562	$292.89	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); subsequent day
32601	$2,576.32	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy
32604	$4,352.43	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy
32606	$2,576.32	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy
32607	$4,352.43	Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral
32608	$4,352.43	Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral
32609	$2,576.32	Thoracoscopy; with biopsy(ies) of pleura
33244	$1,778.37	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction
33272	$1,778.37	Removal of subcutaneous implantable defibrillator electrode
34101	$2,709.26	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision

Code	Rate	Code Description
34111	$2,709.26	Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision
34201	$3,432.67	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision
34203	$3,432.67	Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision
34421	$2,189.08	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision
34471	$292.89	Thrombectomy, direct or with catheter; subclavian vein, by neck incision
34501	$2,709.26	Valvuloplasty, femoral vein
34510	$2,709.26	Venous valve transposition, any vein donor
34520	$2,709.26	Cross-over vein graft to venous system
34530	$1,380.14	Saphenopopliteal vein anastomosis
35011	$2,709.26	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision
35045	$2,709.26	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery
35180	$552.49	Repair, congenital arteriovenous fistula; head and neck

Code	Rate	Code Description
35184	$1,380.14	Repair, congenital arteriovenous fistula; extremities
35190	$2,709.26	Repair, acquired or traumatic arteriovenous fistula; extremities
35201	$2,709.26	Repair blood vessel, direct; neck
35206	$1,380.14	Repair blood vessel, direct; upper extremity
35226	$330.27	Repair blood vessel, direct; lower extremity
35231	$1,380.14	Repair blood vessel with vein graft; neck
35236	$2,709.26	Repair blood vessel with vein graft; upper extremity
35256	$2,709.26	Repair blood vessel with vein graft; lower extremity
35261	$1,380.14	Repair blood vessel with graft other than vein; neck
35266	$2,709.26	Repair blood vessel with graft other than vein; upper extremity
35286	$2,709.26	Repair blood vessel with graft other than vein; lower extremity
35321	$2,709.26	Thromboendarterectomy, including patch graft, if performed; axillary-brachial
35860	$1,380.14	Exploration for postoperative hemorrhage, thrombosis or infection; extremity

Code	Rate	Code Description
35879	$2,709.26	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty
35881	$3,432.67	Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition
35883	$2,709.26	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium)
35884	$2,709.26	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft
35903	$1,380.14	Excision of infected graft; extremity
36460	$207.74	Transfusion, intrauterine, fetal
36838	$2,709.26	Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)
37183	$3,016.27	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanulization/dilatation, stent placement and all associated imaging guidance and documentation)
37191	$3,708.04	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed
37195	$154.16	Thrombolysis, cerebral, by intravenous infusion
37213	$1,380.14	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;

Code	Rate	Code Description
37214	$1,380.14	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method
37244	$5,836.52	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation
37565	$1,380.14	Ligation, internal jugular vein
37600	$1,380.14	Ligation; external carotid artery
37605	$1,380.14	Ligation; internal or common carotid artery
37606	$1,380.14	Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp
37615	$1,380.14	Ligation, major artery (eg, post-traumatic, rupture); neck
37619	$2,709.26	Ligation of inferior vena cava
38120	$4,352.43	Laparoscopy, surgical, splenectomy
38207	$207.74	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage
38208	$207.74	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor

Code	Rate	Code Description
38209	$207.74	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor
38210	$207.74	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion
38211	$207.74	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion
38212	$207.74	Transplant preparation of hematopoietic progenitor cells; red blood cell removal
38213	$207.74	Transplant preparation of hematopoietic progenitor cells; platelet depletion
38214	$207.74	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion
38215	$207.74	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer
38240	$11,808.48	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor
38720	$2,420.97	Cervical lymphadenectomy (complete)
39401	$2,576.32	Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed
39402	$2,576.32	Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)
42842	$2,571.78	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure
42844	$2,571.78	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)

Code	Rate	Code Description
43020	$560.29	Esophagotomy, cervical approach, with removal of foreign body
43280	$4,352.43	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)
43281	$4,352.43	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh
43282	$4,352.43	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh
43420	$1,258.43	Closure of esophagostomy or fistula; cervical approach
43497	$2,396.56	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])
43510	$423.17	Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)
43647	$8,497.78	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum
43648	$4,352.43	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum
43651	$2,576.32	Laparoscopy, surgical; transection of vagus nerves, truncal
43652	$2,576.32	Laparoscopy, surgical; transection of vagus nerves, selective or highly selective
43770	$5,514.58	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)
43772	$1,688.57	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only

Code	Rate	Code Description
43773	$2,576.32	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only
43830	$760.18	Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)
43831	$423.17	Gastrostomy, open; neonatal, for feeding
44180	$2,576.32	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)
44186	$2,576.32	Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)
44950	$2,860.35	Appendectomy;
44955	$0.00	Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)
44970	$2,576.32	Laparoscopy, surgical, appendectomy
47370	$4,352.43	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency
47371	$4,352.43	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical
47490	$1,482.59	Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation
47550	$0.00	Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure)

Code	Rate	Code Description
49185	$630.73	Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed
49323	$2,576.32	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity
49405	$630.73	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous
49491	$2,576.32	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible
49492	$1,482.59	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated
50020	$851.66	Drainage of perirenal or renal abscess, open
50541	$4,352.43	Laparoscopy, surgical; ablation of renal cysts
50542	$4,352.43	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed
50543	$4,352.43	Laparoscopy, surgical; partial nephrectomy
50544	$4,352.43	Laparoscopy, surgical; pyeloplasty
50945	$2,576.32	Laparoscopy, surgical; ureterolithotomy
51060	$851.66	Transvesical ureterolithotomy

Code	Rate	Code Description
51845	$1,951.22	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)
51860	$4,246.43	Cystorrhaphy, suture of bladder wound, injury or rupture; simple
51990	$2,576.32	Laparoscopy, surgical; urethral suspension for stress incontinence
53500	$1,464.57	Urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)
54332	$1,464.57	1-stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
54336	$1,464.57	1-stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
54411	$15,358.85	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54417	$14,857.12	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54535	$1,464.57	Orchiectomy, radical, for tumor; with abdominal exploration
55866	$4,352.43	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed;
55867	$4,352.43	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed

Code	Rate	Code Description
55970	$1,951.22	Intersex surgery; male to female
55980	$1,464.57	Intersex surgery; female to male
57106	$1,477.36	Vaginectomy, partial removal of vaginal wall;
57107	$1,477.36	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57109	$1,477.36	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)
57284	$2,577.09	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach
57285	$2,743.28	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach
57292	$1,951.22	Construction of artificial vagina; with graft
57330	$2,743.28	Closure of vesicovaginal fistula; transvesical and vaginal approach
57335	$1,951.22	Vaginoplasty for intersex state
57423	$4,352.43	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach
57555	$1,951.22	Excision of cervical stump, vaginal approach; with anterior and/or posterior repair
58263	$1,951.22	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele

Code	Rate	Code Description
58270	$1,951.22	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele
58290	$2,743.28	Vaginal hysterectomy, for uterus greater than 250 g;
58291	$1,951.22	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58292	$2,743.28	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele
58294	$1,951.22	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele
58770	$1,477.36	Salpingostomy (salpingoneostomy)
58920	$2,743.28	Wedge resection or bisection of ovary, unilateral or bilateral
58925	$1,951.22	Ovarian cystectomy, unilateral or bilateral
59030	$141.88	Fetal scalp blood sampling
59409	$1,477.36	Vaginal delivery only (with or without episiotomy and/or forceps);
59612	$1,477.36	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);
60252	$2,571.78	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection
60271	$2,571.78	Thyroidectomy, including substernal thyroid; cervical approach

Code	Rate	Code Description
60502	$2,571.78	Parathyroidectomy or exploration of parathyroid(s); re-exploration
60520	$2,571.78	Thymectomy, partial or total; transcervical approach (separate procedure)
61623	$6,286.46	Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion
61626	$5,836.52	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), including all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention, percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)
61720	$3,541.27	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus
61891	$22,866.30	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)
61892	$1,398.14	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed
62000	$1,258.43	Elevation of depressed skull fracture; simple, extradural
62351	$3,979.95	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy
63011	$3,141.20	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral

Code	Rate	Code Description
63012	$3,141.20	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)
63015	$3,141.20	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical
63016	$3,141.20	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic
63017	$3,141.20	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar
63035	$0.00	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)
63040	$3,141.20	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical
63043	$0.00	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)
63048	$0.00	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)
63057	$0.00	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)

Code	Rate	Code Description
63064	$3,141.20	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment
63066	$0.00	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)
63075	$3,141.20	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace
63076	$0.00	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)
63265	$3,141.20	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical
63266	$3,141.20	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic
63267	$3,141.20	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar
63268	$3,141.20	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral
63741	$4,511.85	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy
64804	$806.36	Sympathectomy, cervicothoracic
64911	$4,600.61	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve
69725	$2,571.78	Decompression facial nerve, intratemporal; including medial to geniculate ganglion
69955	$2,571.78	Total facial nerve decompression and/or repair (may include graft)

Code	Rate	Code Description
69960	$2,571.78	Decompression internal auditory canal
69970	$2,571.78	Removal of tumor, temporal bone
92924	$7,180.78	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed, single major coronary artery and/or its branch(es)
92930	$10,915.70	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery and/or its branch(es); 2 or more distinct coronary lesions with 2 or more coronary stents deployed in 2 or more coronary segments, or a bifurcation lesion requiring angioplasty and/or stenting in both the main artery and the side branch
92933	$11,020.11	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed, single major coronary artery and/or its branch(es)
92937	$6,309.47	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed, single major coronary artery and/or its branches
92943	$6,700.69	Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; antegrade approach
92945	$6,322.56	Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; combined antegrade and retrograde approaches
92960	$309.03	Cardioversion, elective, electrical conversion of arrhythmia; external
92961	$309.03	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)

Code	Rate	Code Description
92973	$0.00	Percutaneous transluminal coronary mechanical aspiration thrombectomy (List separately in addition to code for primary procedure)
92974	$0.00	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)
93650	$5,051.72	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement
93653	$16,299.46	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry
93654	$16,559.71	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed
93655	$0.00	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)

Code	Rate	Code Description
93656	$17,217.37	Comprehensive electrophysiologic evaluation with transseptal catheterizations, insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, and intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography with imaging supervision and interpretation, right ventricular pacing/recording, and His bundle recording, when performed
93657	$0.00	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)
C7508	$5,783.77	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (e.g., kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance
C7511	$1,441.96	Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed
C7518	$2,318.21	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging, supervision, interpretation and report
C7519	$2,318.21	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress

Code	Rate	Code Description
C7547	$1,464.57	Convert nephrostomy catheter to nephroureteral catheter, percutaneous via pre-existing nephrostomy tract, with ureteral stricture balloon dilation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
C8004	$6,322.56	Simulation angiogram with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the angiogram, for subsequent therapeutic radioembolization of tumors
C8006	$3,624.09	Insertion of pleural-peritoneal shunt with intercostal pump chamber, including imaging, injection(s) of contrast with radiological supervision and interpretation, when performed
C9602	$11,225.17	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
C9603	$0.00	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
C9604	$6,251.15	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
C9605	$0.00	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)
C9607	$10,871.67	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel

Code	Rate	Code Description
C9608	$0.00	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)
C9758	$11,094.27	Blind procedure for NYHA Class III/IV heart failure; transcatheter implantation of interatrial shunt including right heart catheterization, transesophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study
C9760	$12,558.47	Nonrandomized, nonblinded procedure for NYHA Class II, III, IV heart failure; transcatheter implantation of interatrial shunt, including right and left heart catheterization, transeptal puncture, transesophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study
C9779	$1,688.57	Endoscopic submucosal dissection (ESD), including endoscopy or colonoscopy, mucosal closure, when performed
C9780	$5,497.72	Insertion of central venous catheter through central venous occlusion via inferior and superior approaches (e.g., inside-out technique), including imaging guidance
C9782	$10,125.75	Blinded procedure for New York Heart Association (NYHA) Class II or III heart failure, or Canadian Cardiovascular Society (CCS) Class III or IV chronic refractory angina; transcatheter intramyocardial transplantation of autologous bone marrow cells (e.g., mononuclear) or placebo control, autologous bone marrow harvesting and preparation for transplantation, left heart catheterization including ventriculography, all laboratory services, and all imaging with or without guidance (e.g., transthoracic echocardiography, ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study

Code	Rate	Code Description
C9783	$4,606.52	Blinded procedure for transcatheter implantation of coronary sinus reduction device or placebo control, including vascular access and closure, right heart catheterization, venous and coronary sinus angiography, imaging guidance and supervision and interpretation when performed in an approved investigational device exemption (IDE) study
C9785	$4,352.43	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components
C9792	$4,452.69	Blinded or nonblinded procedure for symptomatic New York Heart Association (NYHA) Class II, III, IVA heart failure; transcatheter implantation of left atrial to coronary sinus shunt using jugular vein access, including all imaging necessary to intra procedurally map the coronary sinus for optimal shunt placement (e.g., transesophageal echocardiography (TTE), intracardiac echocardiography (ICE), fluoroscopy), performed under general anesthesia in an approved investigational device exemption (IDE) study
C9901	$5,745.51	Endoscopic defect closure within the entire gastrointestinal tract, including upper endoscopy (including diagnostic, if performed) or colonoscopy (including diagnostic, if performed), with all system and tissue anchoring components
D7440	$1,258.43	Excision of malignant tumor, lesion diameter up to 1.25 cm
D7441	$1,258.43	Excision of malignant tumor, lesion diameter greater than 1.25 cm
G0413	$3,955.87	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, (includes ilium, sacroiliac joint and/or sacrum)

2025 Deleted Codes

Code	Code Description
10140	Incision and drainage of hematoma, seroma or fluid collection
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst

Code	Code Description
11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface
11001	Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure)
11012	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less
76015	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; each additional 30 minutes (List separately in addition to code for primary procedure)
C7501	Percutaneous breast biopsies using stereotactic guidance, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral and bilateral (for single lesion biopsy, use appropriate code)
C7531	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal angioplasty with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation
C7535	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal stent placement(s), includes angioplasty within the same vessel, when performed, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation
C7540	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, dual lead system, with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)

Code	Code Description
C7548	Exchange nephrostomy catheter, percutaneous, with ureteral stricture balloon dilation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
C7557	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed and intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention
C7558	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed
C7560	Endoscopic retrograde cholangiopancreatography (ERCP) with removal of foreign body(ies) or stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s)
C7563	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, initial artery and all additional arteries
C9790	Histotripsy (i.e., nonthermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance

The Commonwealth of Massachusetts
Division of Marine Fisheries
(617) 626-1520 | mass.gov/MarineFisheries

Maura T. Healey	Kimberly Driscoll	Rebecca L. Tepper	Thomas K. O'Shea	Daniel J. McKiernan
Governor	***Lt. Governor***	***Secretary***	***Commissioner***	***Director***

Notice of Fishery Closure:

2026 Quota Managed Commercial Menhaden Fishery

Pursuant to the notice and public comment requirements of G.L. c. 30A § 3 and under the authority of G.L. c. 130 §§ 17A, 21 and 80 and 322 CMR §§6.41(2)(c) and 7.01(7), the Commonwealth's 2026 commercial menhaden quota, as established at 322 CMR §6.43(2), is projected to be taken on Monday, July 27, 2026. In accordance with 322 CMR §6.43(4)(b)(6), the quota managed commercial menhaden fishery in Massachusetts will be closed effective Tuesday, July 28, 2026. Unless otherwise notified, the quota managed commercial menhaden fishery will remain closed until 2027.

Whereas the Atlantic States Marine Fisheries Commission has approved Massachusetts application to participate in the 2026 Episodic Event Set Aside Program, the commercial fishery for menhaden may continue to occur in accordance with the provisions set forth at 322 CMR 6.43(6) and subject to any additional restrictions established by permit conditions pursuant to G.L. c. 130, §80 and 322 CMR 7.01(7).

Additionally, during this quota closure, 322 CMR 7.07(5)(b) prohibits bait dealers from purchasing any menhaden from commercial fishermen in quantities that do not conform to the limits authorized under the Episodic Event Set Aside Program and set forth at 322 CMR 6.43(6) or otherwise established by permit conditions pursuant to G.L. c. 130, §80 and 322 CMR 7.01(7). Bait dealers are those entities permitted in accordance with G.L. c. 130, §80 and 322 CMR 7.01(3) to purchase bait species, such as menhaden, directly from commercial fishermen and possess this bait for sale to the general public.

Dated: July 27, 2026

By: Daniel J. McKiernan

Daniel J. McKiernan, Director

The Commonwealth of Massachusetts
Division of Marine Fisheries
(617) 626-1520 | mass.gov/MarineFisheries

Maura T. Healey	Kimberly Driscoll	Rebecca L. Tepper	Thomas K. O'Shea	Daniel J. McKiernan
Governor	***Lt. Governor***	***Secretary***	***Commissioner***	***Director***

Notice of Entry Into 2026 Episodic Event Set Aside Program
For the Commercial Menhaden Fishery

Pursuant to 322 CMR 6.43(6)(a), the Division of Marine Fisheries (DMF) is providing notice that effective Tuesday, July 28, 2026, the Commonwealth of Massachusetts will enter into the Episodic Event Set Aside Program for the commercial menhaden fishery. This action follows DMF's July 27, 2026 determination that 100% of the Commonwealth's annual menhaden quota would be taken on July 27, 2026 resulting in a closure of the 2026 quota managed commercial menhaden fishery on July 28, 2026, as well as approval by the Atlantic States Marine Fisheries Commission to participate in the Episodic Event Set Aside Program, as required by the Interstate Fishery Management Plan for Atlantic Menhaden.

Commercial fishers may participate in the 2026 Episodic Event Set Aside Program in accordance with the restrictions set forth at 322 CMR 6.43(6). Except that, pursuant to G.L. c. 130, §80 and 322 CMR 7.01(7), the Director of the Division of Marine Fisheries has issued a Letter of Authorization and Statement of Permit Conditions to authorize commercial fishers who hold a regulated Atlantic menhaden fishery permit endorsement to retain, possess, and land up to 25,000 pounds of Atlantic menhaden taken from the waters under the jurisdiction of the Commonwealth per trip or calendar day, whichever duration is longer.

The 2026 Episodic Event Set Aside has been set at 4,119,117 pounds. Once the Atlantic States Marine Fisheries Commission determines the 2026 Episodic Event Set Aside is exhausted, the DMF shall close the Commonwealth's Episodic Event Set Aside Fishery in accordance with the process set forth at 322 CMR 6.41(2)(c). Unless otherwise notified, upon the closure of the Episodic Event Set Aside Fishery, commercial fishermen may possess and land menhaden in accordance with the Post Quota Incidental Catch and Small-Scale Fishery rules set forth at 322 CMR 6.43(5).

Dated: July 27, 2026

By: Daniel J. McKiernan
Daniel J. McKiernan, Director

THE COMMONWEALTH OF MASSACHUSETTS

Secretary of the Commonwealth - William Francis Galvin

NOTICES OF PUBLIC REVIEW OF PROSPECTIVE REGULATIONS PUBLISHED IN COMPLIANCE WITH M.G.L. c. 30A, §§ 2 AND 3

August 14, 2026

Medical Assistance, Division of	130 CMR 420.000	9/18/26 @ 10:00 A.M. Written comments accepted until 9/18/26 by 5:00 P.M.
Public Utilities, Department of	220 CMR 151.00	9/22/26 @ 10:00 A.M. Written comments accepted until 9/21/26 by 5:00 P.M.
	220 CMR 157.00	9/22/26 @ 2:00 P.M. Written comments accepted until 9/21/26 by 5:00 P.M.

Division of Medical Assistance

Commonwealth of Massachusetts
Office of Medicaid

NOTICE OF PUBLIC HEARING

Under the authority of M.G.L. c. 6A, section 16 and in accordance with M.G.L. c. 30A, the Division of Medical Assistance (the Division) will hold a remote public hearing on Friday, September 18, 2026, at 10:00 a.m. relative to the emergency adoption of amendments to the following regulation.

130 CMR 420.000: Dental Services

130 CMR 420.000 governs the dental policies and requirements by state governmental units for participating MassHealth dental providers. MassHealth is adopting the proposed amendments below on an emergency basis, effective August 1, 2026, to align with the state fiscal year 2027 General Appropriations Act.

The proposed amendments impose a cap on adult coverage of dental services. For MassHealth members 21 years of age and older who are not Department of Development Services clients, coverage of dental services is proposed to be subject to a benefit year maximum of $1,750 per member. The start date of benefit year 2027 is proposed to be identified in MassHealth written issuance. The end date of benefit year 2027 is proposed to be June 30, 2027. Subsequent benefit years are proposed to be July 1–June 30 (e.g., benefit year 2028 would be July 1, 2027–June 30, 2028).

Coverage of the following services is proposed to count toward the benefit year maximum but be payable beyond the benefit year maximum: initial complete denture services after full arch extractions and services identified as payable beyond the benefit year maximum in MassHealth written issuances. The proposed amendments also enable MassHealth to identify, in MassHealth written issuance, services that do not count toward the benefit year maximum and would be payable beyond the benefit year maximum.

The proposed amendments are anticipated to result in a decrease in MassHealth expenditures for dental services for MassHealth members 21 years of age and older. The proposed amendments are anticipated to enable MassHealth to maintain dental benefits for the general adult population without cutting services. There is no fiscal impact on cities and towns.

To register to testify at the hearing and to get instructions on how to join the hearing online, go to www.mass.gov/info-details/masshealth-public-hearings. To join the hearing by phone, call (646) 558-8656 and enter meeting ID 935 397 8200# when prompted.

You may also submit written testimony instead of, or in addition to, live testimony. To submit written testimony, please email your testimony to masshealthpublicnotice@mass.gov as an attached Word or PDF document or as text within the body of the email with the name of the regulation in the subject line. All written testimony must include the sender's full name, mailing address, and organization or affiliation, if any. Individuals who are unable to submit testimony by email should mail written testimony to EOHHS, c/o D. Briggs, 1 Enterprise Drive, Quincy, MA 02171, Fourth Floor. Written testimony will be accepted through 5:00 p.m. September 18, 2026. The Division specifically invites comments as to how the amendments may affect beneficiary access to care.

To review the emergency regulation, go to mass.gov/info-details/masshealth-public-hearings or request a copy in writing from MassHealth Publications, 1 Enterprise Drive, Quincy, MA 02171, Fourth Floor.

Special accommodation requests may be directed to the Disability Accommodations Ombudsman by email at ADAAccommodations@mass.gov or by phone at (617) 847-3468 (TTY: (617) 847-3788 for people who are deaf, hard of hearing, or speech disabled). Please allow two weeks to schedule sign language interpreters.

The Division may adopt a final, revised version of the emergency regulation taking into account relevant comments and any other practical alternatives that come to its attention.

In case of inclement weather or other emergency, hearing cancellation announcements will be posted on the MassHealth website at mass.gov/info-details/masshealth-public-hearings.

August 7, 2026

Small Business Impact Statement

(As required by M.G.L. c. 30A §§ 2, 3 & 5)

CMR No. and Title: 130 CMR 420.000: *Dental Services*

Estimate of the Number of Small Businesses Impacted by the Regulation: Approximately 2,100 eligible dental providers.

Write Yes or No	Explain Briefly
No	Will small businesses have to create, file, or issue additional reports? No. Small businesses will not have to create, file, or issue additional reports.
No	Will small businesses have to implement additional recordkeeping procedures? No. Small businesses will not have to implement additional recordkeeping procedures.
No	Will small businesses have to provide additional administrative oversight? No. Small businesses will not have to provide additional administrative oversight.
No.	Will small businesses have to hire additional employees in order to comply with the proposed regulation? No. Small businesses will not have to hire additional employees in order to comply with the proposed emergency amendments.
No	Does compliance with the regulation require small businesses to hire other professionals (e.g. a lawyer, accountant, engineer, etc.)? No. Compliance with the proposed emergency amendments does not require small businesses to hire other professionals.
No.	Does the regulation require small businesses to purchase a product or make any other capital investments in order to comply with the regulation? No. The proposed emergency amendments will not require small businesses to purchase a product or make any other capital investments in order to comply with the regulation.
No	Are performance standards more appropriate than design/operational standards to accomplish the regulatory objective? (Performance standards express requirements in terms of outcomes, giving the regulated party flexibility to achieve regulatory objectives and design/operational standards specify exactly what actions regulated parties must take.) No. Performance standards are not required to accomplish the regulatory objective.
No	Do any other regulations duplicate or conflict with the proposed regulation? No other regulations duplicate or conflict with the proposed regulation.
Yes	Does the regulation require small businesses to cooperate with audits, inspections or other regulatory enforcement activities? Yes. The regulation continues to require providers to periodically comply with audits, inspections, and other regulatory activities.
No	Does the regulation require small businesses to provide educational services to keep up to date with regulatory requirements? No. The regulation does not require small businesses to provide educational services to keep up with regulatory requirements.
No	Is the regulation likely to *deter* the formation of small businesses in Massachusetts? No. The regulation is unlikely to deter or encourage the formation of small businesses in Massachusetts.
No	Is the regulation likely to *encourage* the formation of small businesses in Massachusetts? No. The regulation is unlikely to deter or encourage the formation of small businesses in Massachusetts.

Write Yes or No	Explain Briefly
No	Does the regulation provide for less stringent compliance or reporting requirements for small businesses? No. The regulation does not distinguish between small and other businesses.
No	Does the regulation establish less stringent schedules or deadlines for compliance or reporting requirements for small businesses? No. The regulation does not distinguish between small and other businesses.
No	Did the agency consolidate or simplify compliance or reporting requirements for small businesses? No. The regulation does not distinguish between small and other businesses.
No	Can performance standards for small businesses replace design or operational standards without hindering delivery of the regulatory objective? No. Distinguishing small businesses from other businesses would not be practicable for this regulation.
No	Are there alternative regulatory methods that would minimize the adverse impact on small businesses? No. The regulation does not have an adverse impact on small businesses and is applied uniformly regardless of whether a provider is a small business.

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC UTILITIES

NOTICE OF PUBLIC HEARING AND REQUEST FOR COMMENTS

D.P.U. 26-54 July 21, 2026

Investigation of the Department of Public Utilities, on its own motion, instituting a rulemaking pursuant to G.L. c. 30A, § 2, and 220 CMR 2.00, to amend 220 CMR 151.00: Rail Fixed Guideway System: System Safety Program Standard.

On July 31, 2026, the Department of Public Utilities ("Department") issued an Order instituting a rulemaking proceeding, pursuant to G.L. c. 30A, § 2, and 220 CMR 2.00, to amend 220 CMR 151.00, "Rail Fixed Guideway Systems: System Safety Program Standard." The Department docketed this matter as D.P.U. 26-54.

The Department proposes changes and additions to clarify certain provisions, ensure consistency both with federal regulations and within the regulations themselves, correct minor errors, update references, and delete outdates, duplicative, or unnecessary information. A copy of the Department's Order Instituting Rulemaking and Proposed Regulations may be viewed at the Department's website as referenced below.

The Department will conduct a hybrid public hearing to receive comments on the rulemaking. The Department will conduct the public hearing in person at the Department's Boston office located at One South Station, 3rd Floor, Boston, MA 02110, on **Tuesday, September 22, 2026**, beginning at **10:00 a.m**. Simultaneously, the Department will conduct the public hearing using Zoom videoconferencing. Attendees can join by entering the link, **https://us06web.zoom.us/j/84073225821**, from a computer, smartphone, or tablet. No prior software download is required. For audio-only access to the hearing, attendees can dial in at 1-646-558-8656 (not toll free) and then enter ID# **840 7322 5821**. If you anticipate providing comments via Zoom during the public hearing, please send an email by Friday, September 18, 2026, to Kate.E.Timberlake@mass.gov with your name, email address, and mailing address, or leave a voicemail message Friday, September 18, 2026, at 857-505-1119 with your name, telephone numbers, and mailing address. Individuals attending the in-person hearing will be asked to register at the hearing if they wish to provide public comment but may also register in advance using one of the methods listed above.

Alternatively, any person who desires to provide written comments on this matter may submit their comments to the Department no later than the close of business (5:00 p.m.) on **Monday,**

September 21, 2026, and reply written comments no later than the close of business (5:00 p.m.) on **Wednesday, September 30, 3036**. All written comments should be submitted in electronic format by e-mail attachment to the Department to the following distribution list: dpu.efiling@mass.gov and Kate.E.Timberlake@mass.gov. The text of the email must specify: (1) the docket number of the proceeding (D.P.U. 26-54); (2) the name of the person, entity, or company submitting the filing; and (3) a brief descriptive title of the document. The e-mail must also include the name, title, e-mail, and telephone number of a person to contact in the event of a question about the filing. The electronic attachment file name should identify the document but should not exceed 50 characters in length.

All documents submitted in electronic format will be posted on the Department's website as soon as practicable. DPU will post docket material on its website at: https://eeaonline.eea.state.ma.us/dpu/fileroom/#/dashboard (enter "26-54"). Please note that in the interest of transparency, any comments will be posted to our website as received and without redacting personal information, such as address, telephone number, or email address. As such, please consider the extent of information you wish to share when submitting comments. The Department strongly encourages public comments to be submitted by email. If, however, a member of the public is unable to send written comments by email, a paper copy may be sent to Peter A. Ray, Secretary, DPU, One South Station, 3rd Floor, Boston, MA 02110.

A summary of the proposed regulations is available in Spanish, Portuguese, Chinese, Haitian Creole, Vietnamese, or other languages upon request. Interpretation will be provided in Spanish, Portuguese, Chinese, Haitian Creole, Vietnamese, or other languages upon request. To request translation or interpretation in a language other than English, please contact Paralegal Specialist Kaylee Burgess at dpu.ej@mass.gov no later than Tuesday, September 15, 2026.

Reasonable accommodations for people with disabilities (e.g. Braille, large print, electronic files, audio format) are available upon request. To request an accommodation, please contact the Department's ADA coordinator at eeadiversity@mass.gov or 617-626-1282. In your communication, state the accommodation you need and why you need the accommodation. Provide contact information in case the coordinator needs more information. Please provide your request as soon as possible. The coordinator will consider but may not be able to fulfill late requests.

For further information regarding this Notice, please contact Kate Timberlake, Hearing Officer, Department of Public Utilities via e-mail at Kate.E.Timberlake@mass.gov.

Small Business Impact Statement

(As required by M.G.L. c. 30A §§ 2, 3 & 5)

CMR No: 220 CMR 151.00

Estimate of the Number of Small Businesses Impacted by the Regulation: 0

Select Yes or No and Briefly Explain		
Yes ☐	No X ☒	Will small businesses have to create, file, or issue additional reports? 220 CMR 151.00 does not impact small businesses.
Yes ☐	No ☒	Will small businesses have to implement additional recordkeeping procedures? 220 CMR 151.00 does not impact small businesses.
Yes ☐	No ☒	Will small businesses have to provide additional administrative oversight? 220 CMR 151.00 does not impact small businesses.
Yes ☐	No ☒	Will small businesses have to hire additional employees in order to comply with the proposed regulation? 220 CMR 151.00 does not impact small businesses.
Yes ☐	No ☒	Does compliance with the regulation require small businesses to hire other professionals (e.g. a lawyer, accountant, engineer, etc.)? 220 CMR 151.00 does not impact small businesses.
Yes ☐	No ☒	Does the regulation require small businesses to purchase a product or make any other capital investments in order to comply with the regulation? 220 CMR 151.00 does not impact small businesses.
Yes ☐	No ☒	Are performance standards more appropriate than design/operational standards to accomplish the regulatory objective? (Performance standards express requirements in terms of outcomes, giving the regulated party flexibility to achieve regulatory objectives and design/operational standards specify exactly what actions regulated parties must take.) 220 CMR 151.00 does not impact small businesses. In addition, the regulation includes performance standards in certain sections, and in other sections performance standards are not more appropriate than design/operational standard in accomplishing the regulatory objective.
Yes ☐	No ☒	Do any other regulations duplicate or conflict with the proposed regulation? 220 CMR 151.00 does not impact small businesses. Other regulations do not duplicate or conflict with the proposed regulations.
Yes ☐	No ☒	Does the regulation require small businesses to cooperate with audits, inspections or other regulatory enforcement activities? 220 CMR 151.00 does not impact small businesses.
Yes ☐	No ☒	Does the regulation require small businesses to provide educational services to keep up to date with regulatory requirements? 220 CMR 151.00 does not impact small businesses.

Yes ☐	No ☒	Is the regulation likely to *deter* the formation of small businesses in Massachusetts? 220 CMR 151.00 does not impact small businesses.
Yes ☐	No ☒	Is the regulation likely to *encourage* the formation of small businesses in Massachusetts? 220 CMR 151.00 does not impact small businesses. To the extent small businesses are attracted to a region in part by safe and convenient public transportation systems for its employees and customers, these regulation amendments may help encourage the formation or relocation of small businesses in Massachusetts.
Yes ☐	No ☒	Does the regulation provide for less stringent compliance or reporting requirements for small businesses? 220 CMR 151.00 does not impact small businesses.
Yes ☐	No ☒	Does the regulation establish less stringent schedules or deadlines for compliance or reporting requirements for small businesses? 220 CMR 151.00 does not impact small businesses.
Yes ☐	No ☒	Did the agency consolidate or simplify compliance or reporting requirements for small businesses? 220 CMR 151.00 does not impact small businesses.
Yes ☐	No ☒	Can performance standards for small businesses replace design or operational standards without hindering delivery of the regulatory objective? 220 CMR 151.00 does not impact small businesses.
Yes ☐	No ☒	Are there alternative regulatory methods that would minimize the adverse impact on small businesses? 220 CMR 151.00 does not impact small businesses.

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC UTILITIES

NOTICE OF PUBLIC HEARING AND REQUEST FOR COMMENTS

D.P.U. 26-55 July 31, 2026

Investigation of the Department of Public Utilities, on its own motion, instituting a rulemaking pursuant to G.L. c. 160, § 136, G.L. c. 30A, § 2, and 220 CMR 2.00, to establish requirements for railroad safety, 220 CMR 157.00.

On July 31, 2026, the Department of Public Utilities ("Department") issued an Order instituting a rulemaking proceeding, pursuant to G.L. c. 160, § 136, G.L. c. 30A, § 2, and 220 CMR 2.00, proposing regulations to improve the safety of railroads. The Department docketed this matter as D.P.U. 26-55.

The Department proposes regulations to establish practical safety standards for Grade Crossings, overpass and underpass height waivers (collectively "height waivers"), application procedures for Grade Crossing creation, Modification, or closure, increased transparency, and improved compliance. A copy of the Department's Order Instituting Rulemaking and Proposed Regulations may be viewed on the Department's website as referenced below.

The Department will conduct a hybrid public hearing to receive comments on the rulemaking. The Department will conduct the public hearing in person at the Department's Boston office located at **One South Station, 3rd Floor, Boston, MA 02110**, on **Tuesday**, **September 22, 2026**, beginning **at 2:00 p.m**. Simultaneously, the Department will conduct the public hearing using Zoom videoconferencing. Attendees can join by entering the link, **https://us06web.zoom.us/j/82683288456**, from a computer, smartphone, or tablet. No prior software download is required. For audio-only access to the hearing, attendees can dial in at 1-646-558-8656 (not toll free) and then enter **ID# 826 8328 8456**. If you anticipate providing comments via Zoom during the public hearing, please send an email by Monday, September 21, 2026, to Kate.E.Timberlake@mass.gov with your name, email address, and mailing address, or leave a voicemail message by Monday, September 21, 2026, at 857-505-1119 with your name, telephone number, and mailing address. Individuals attending the in-person hearing will be asked to register at the hearing if they wish to provide public comment but may also register in advance using one of the methods listed above.

The Department will conduct an additional public hearing to receive comments on the rulemaking in person on **Wednesday, September 23, 2026**, beginning at 10:00 a.m. in Springfield, Massachusetts. The public hearing will be conducted at the **Springfield State Office Building, 3rd Floor Courtroom, 436 Dwight Street, Springfield, MA 01103**.

Individuals attending the in-person hearing will be asked to register at the hearing if they wish to provide public comment but may also register in advance using one of the methods listed above.

Alternatively, any person who desires to provide written comment on this matter may submit their comments to the Department no later than the close of business (5:00 p.m.) on Monday, September 21, 2026, and reply written comments no later than the close of business (5:00 p.m.) on Wednesday, September 30, 2026. All written comments should be submitted in electronic format by e-mail attachment to the Department to the following distribution list: dpu.efiling@mass.gov and Kate.E.Timberlake@mass.gov. The text of the email must specify: (1) the docket number of the proceeding (D.P.U. 26-55); (2) the name of the person, entity, or company submitting the filing; and (3) a brief descriptive title of the document. The e-mail must also include the name, title, e-mail, and telephone number of a person to contact in the event of questions about the filing. The electronic attachment file name should identify the document but should not exceed 50 characters in length.

All documents submitted in electronic format will be posted on the Department's website as soon as practicable. DPU will post docket materials on its website at: https://eeaonline.eea.state.ma.us/dpu/fileroom/#/dashboard (enter "26-55"). Please note that in the interest of transparency, any comments will be posted to our website as received and without redacting personal information, such as addresses, telephone number, or email addresses. As such, please consider the extent of information you wish to share when submitting comments. The Department strongly encourages public comments to be submitted by email. If, however, a member of the public is unable to send written comments by email, a paper copy may be sent to Peter A. Ray, Secretary, DPU, One South Station, 3rd Floor, Boston, Massachusetts, 02110.

A summary of the proposed regulations is available in Spanish, Portuguese, Chinese, Haitian Creole, Vietnamese or other languages upon request. Interpretation will be provided in Spanish, Portuguese, Chinese, Haitian Creole, Vietnamese, or other languages upon request. To request translation or interpretation in a language other than English, please contact Paralegal Specialist Kaylee Burgess at dpu.ej@mass.gov no later than Tuesday, September 15, 2026.

Reasonable accommodations for people with disabilities (e.g. Braille, large print, electronic files, audio format) are available upon request. To request an accommodation, please contact the Department's ADA coordinator at eeadiversity@mass.gov or 617-626-1282. In your communication, state the accommodation you need and why you need the accommodation. Provide contact information in case the coordinator needs more information. Please provide your request as soon as possible. The coordinator will consider but may not be able to fulfill late requests.

For further information regarding this Notice, please contact Kate Timberlake, Hearing Officer, Department of Public Utilities via e-mail at Kate.E.Timberlake@mass.gov.

Small Business Impact Statement

(As required by M.G.L. c. 30A §§ 2, 3 & 5)

CMR No: 220 CMR 157.00

Estimate of the Number of Small Businesses Impacted by the Regulation: 9

Select Yes or No and Briefly Explain		
Yes ☐	No ☒	Will small businesses have to create, file, or issue additional reports? Any small business operating a railroad should already be notifying DPU if they intend to make changes at a grade crossing they own or control. These regulations formalize the process for that notification.
Yes ☐	No ☒	Will small businesses have to implement additional recordkeeping procedures? There are no recordkeeping requirements in the regulations.
Yes ☐	No ☒	Will small businesses have to provide additional administrative oversight? Any small business operating a railroad should already be engaging in oversight of grade crossings they own or control.
Yes ☐	No ☒	Will small businesses have to hire additional employees in order to comply with the proposed regulation? Additional employees will likely not be necessary.
Yes ☐	No ☒	Does compliance with the regulation require small businesses to hire other professionals (e.g. a lawyer, accountant, engineer, etc.)? There is no requirement that a small business hire additional professionals to comply with the regulations, in that they likely already hire engineers to prepare plans for grade crossing features and systems. If a grade crossing provides inadequate safety features, the regulations provide a process for requiring safety improvements, which would require the use of an engineer, though that DPU authority already exists in G.L. c. 160.
Yes ☒	No ☐	Does the regulation require small businesses to purchase a product or make any other capital investments in order to comply with the regulation? Small businesses operating railroads over private grade crossings with no right of entry by the public will need to provide crossbuck or equivalent signage for those crossings. Currently, crossbuck or grade crossing warning signs are available online from $25 to $150. Such signage for private crossings does not have to meet MUTCD standards and can be mounted next to the Emergency Notification System signage already required by FRA. Also, the regulations provide a process for DPU to require safety improvements at grade crossings, though DPU's authority already exists in Chapter 160. Moreover, DPU approval of safety improvements facilitates a railroad's access to federal funding for the improvements administered by MassDOT.
Yes ☐	No ☒	Are performance standards more appropriate than design/operational standards to accomplish the regulatory objective? (Performance standards express requirements in terms of outcomes, giving the regulated party flexibility to achieve regulatory objectives and design/operational standards specify exactly what actions regulated parties must take.) Currently, with only statutes and no uniform application, performance outcomes are inconsistent. The regulations are drafted more as performance standards and clear procedures, and not as specific design/operational standards.

Yes ☐	No ☒	Do any other regulations duplicate or conflict with the proposed regulation? Other regulations do not duplicate or conflict with the proposed regulations.
Yes ☒	No ☐	Does the regulation require small businesses to cooperate with audits, inspections or other regulatory enforcement activities? Small businesses operating railroads will be asked to participate in Diagnostic Teams when seeking to modify grade crossings. Participation is optional but highly encouraged. The regulation provides a process for existing DPU statutory enforcement authority.
Yes ☐	No ☒	Does the regulation require small businesses to provide educational services to keep up to date with regulatory requirements? There is no requirement to provide educational services to keep up to date with regulatory requirements.
Yes ☐	No ☒	Is the regulation likely to *deter* the formation of small businesses in Massachusetts? These regulations are not likely to deter the formation of small businesses.
Yes ☐	No ☒	Is the regulation likely to *encourage* the formation of small businesses in Massachusetts? These regulations are not likely to encourage the formation of small businesses.
Yes ☐	No ☒	Does the regulation provide for less stringent compliance or reporting requirements for small businesses? These regulations do not provide for less stringent compliance or reporting for small businesses, as safety for the public is determined by the particular features of each crossing.
Yes ☐	No ☒	Does the regulation establish less stringent schedules or deadlines for compliance or reporting requirements for small businesses? These regulations do not establish less stringent compliance or reporting requirements for small businesses.
Yes ☐	No ☒	Did the agency consolidate or simplify compliance or reporting requirements for small businesses? No, the DPU did not consolidate requirements for small businesses. The regulations do not create significant new ongoing compliance or reporting requirements.
Yes ☐	No ☒	Can performance standards for small businesses replace design or operational standards without hindering delivery of the regulatory objective? Currently, with only statutes and no uniform application, performance outcomes are inconsistent, hindering the objectives of the proposed regulations. The regulations are drafted generally as performance standards and procedures to effectuate public safety.
Yes ☐	No ☒	Are there alternative regulatory methods that would minimize the adverse impact on small businesses? These regulations only create minimal adverse impacts on small businesses. There is no alternative that would minimize these impacts while still producing the desired regulatory public safety outcome. However, DPU approval of safety improvements facilitates a railroad's access to federal funding for the improvements administered by MassDOT.

THE COMMONWEALTH OF MASSACHUSETTS

Secretary of the Commonwealth - William Francis Galvin

2026 CUMULATIVE TABLE TO THE MASSACHUSETTS REGISTER
1565 - 1580

The Cumulative Tables lists all regulations and amendments thereto published in the Massachusetts Register during the current year. The Table is published in each Register.

State agencies are listed in the Table as they appear in the Code of Massachusetts Regulations (CMR or Code) in CMR numerical order which is based on the cabinet structure. For example, all Human Service agencies are prefaced by the number "1" and are designated as 101 CMR through 130 CMR.

The Cumulative Tables published in the last issue of previous years will have a listing of all regulations published for that year. These Registers are:

April 6, 1976 - 1977	Register:	# 88	Date: 2004	Register:	#1016
1978		138	2005		1042
1979		193	2006		1068
1980		241	2007		1094
1981		292	2008		1120
1982		344	2009		1146
1983		396	2010		1172
1984		448	2011		1198
1985		500	2012		1224
1986		546	2013		1250
1987		572	2014		1276
1988		598	2015		1302
1989		624	2016		1329
1990		650	2017		1355
1991		676	2018		1381
1992		702	2019		1407
1993		729	2020		1433
1994		755	2021		1459
1995		871	2022		1485
1996	Supp. # 2	807	2023		1511
1997		833	2024		1537
1998		859	2025		1563
1999		885			
2000		911			
2001		937			
2002		963			
2003		989			

		Issue	*Effective Date*
101 CMR	**Executive Office of Health and Human Services**		
204.00	Rates of Payment to Resident Care Facilities		
	- *Emergency Refile* (MA Reg. # 1563)	1569	12/5/25
	- *Compliance* (MA Reg. # 1563)	1572	12/5/25
206.00	Standard Payments to Nursing Facilities		
	- *Emergency Refile* (MA Reg. # 1559)	1564	10/1/25
		1567	2/13/26
307.00	Rates for Psychiatric Day Treatment Center Services	1569	3/13/26
317.00	Rates for Medicine Services - *Emergency Refile* (MA Reg. # 1561)	1567	11/7/25
		1573	5/8/26
322.00	Rates for Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment	1568	3/1/26
327.00	Rates for Ambulance and Wheelchair Van Services		
	- *Emergency Refile* (MA Reg. # 1557)	1564	9/26/25
	- *Compliance* (MA Reg. # 1557)	1570	9/26/25
	- *Correction* (MA Reg. # 1557)	1571	9/26/25
330.00	Rates for Team Evaluation Services	1577	7/3/26
334.00	Rates for Prostheses, Prosthetic Devices, and Orthotic Devices	1576	6/19/26
337.00	Rates for Dialysis Treatments and Home Dialysis Supplies	1578	7/17/26
343.00	Rates for Hospice Services	1576	6/19/26
346.00	Rates for Certain Substance-related and Addictive Disorders Programs	1578	7/17/26
347.00	Rates for Freestanding Ambulatory Surgery Center Services	1572	4/24/26
349.00	Rates for Early Intervention Program Services		
	- *Future Effective Regulation*	1565	7/1/26
		1576	7/1/26
355.00	Rates for Freestanding Birth Center Services	1567	2/13/26
410.00	Rates for Competitive Integrated Employment Services	1580	8/14/26
413.00	Payments for Youth Intermediate-term Stabilization Services	1576	6/19/26
414.00	Rates for Family Stabilization Services	1574	5/22/26
416.00	Rates for Clubhouse Services	1574	5/22/26
417.00	Rates for Certain Elder Care Services	1570	3/27/26
420.00	Rates for Adult Long-term Residential Services	1577	7/3/26
422.00	Rates for General Programs Disability Services	1574	5/22/26
423.00	Rates for Certain In-home Basic Living Supports	1577	7/3/26
424.00	Rates for Certain Developmental and Support Services	1580	8/14/26
425.00	Rates for Certain Young Parent Support Programs	1578	7/17/26
514.00	Hospital Assessment - *Emergency*	1578	7/7/26
614.00	Health Safety Net Payments and Funding		
	- *Emergency Refile* (MA Reg. # 1559)	1564	9/30/25
		1569	3/13/26
		1576	6/19/26

		Issue	Effective Date
32.00	Fees for Applications to the Energy Facilities Siting Board	1576	6/19/26
34.00	Intervenor Support Grant Program	1568	2/27/26
225 CMR	**Department of Energy Resources**		
21.00	Clean Peak Energy Portfolio Standard (CPS) - *Emergency*	1576	5/28/26
28.00	Solar Massachusetts Renewable Target (SMART) Program 3.0 - *Emergency*	1578	6/26/26
29.00	Small Clean Energy Infrastructure Facility Siting and Permitting	1568	2/27/26
250 CMR	**Board of Registration of Professional Engineers and Land Surveyors**		
2.00	General Provisions, Board Procedures and Definitions	1568	2/27/26
3.00	The Registration Process	1568	2/27/26
5.00	Professional Practice.	1568	2/27/26
7.00	Enforcement and Discipline	1568	2/27/26
262 CMR	**Board of Registration of Allied Mental Health and Human Services Professionals**		
2.00	Requirements for Licensure as a Mental Health Counselor	1579	7/31/26
3.00	Requirements for Licensure as a Marriage and Family Therapist	1579	7/31/26
8.00	Ethical Codes and Standards of Conduct	1579	7/31/26
266 CMR	**Board of Registration of Home Inspectors**		
2.00	Definitions	1567	2/13/26
3.00	Procedure for Registration	1567	2/13/26
4.00	Associate Home Inspector Training Program Requirements	1567	2/13/26
6.00	Standards of Practice	1567	2/13/26
11.00	Insurance Requirements for Limited Liability Corporations and Limited Liability Partnerships	1567	2/13/26
301 CMR	**Executive Office of Energy and Environmental Affairs**		
11.00	MEPA Regulations	1566	1/30/26
41.00	Toxic or Hazardous Substance List - *Correction* (MA Reg. # 1563).	1568	12/19/25
309 CMR	**Board of Registration of Hazardous Waste Site Cleanup Professionals**		
2.00	Introductory Provisions.	1566	1/30/26
3.00	Licensing of Licensed Site Professionals	1566	1/30/26
4.00	Rules of Professional Conduct	1566	1/30/26
5.00	Advisory Rulings	1566	1/30/26
6.00	Design and Use of Licensed Site Professional's Seal	1566	1/30/26
7.00	Procedure Governing Disciplinary Proceedings and Other Dispositions	1566	1/30/26

Docket # 1189

THE COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin

Secretary of the Commonwealth

Regulation Filing

To be completed by filing agency

CHAPTER NUMBER: **130 CMR 420.000**

CHAPTER TITLE: **Dental Services**

AGENCY: **Division of Medical Assistance**

SUMMARY OF REGULATION: *State the general requirements and purposes of this regulation.*

Governs the dental policies and requirements by state governmental units for participating MassHealth dental providers.

REGULATORY AUTHORITY: **M.G.L. c. 118E, §§ 7 and 12**

AGENCY CONTACT: **Deborah M. Briggs, MassHealth Publications** PHONE: **617-921-1744**

ADDRESS: **1 Enterprise Drive, Quincy, MA 02171, 4th floor**

Compliance with M.G.L. c. 30A

EMERGENCY ADOPTION - *if this regulation is adopted as an emergency, state the nature of the emergency.*

An emergency regulation, effective August 1, 2026, is necessary to align with the State Fiscal Year 2027 General Appropriations Act (FY27 GAA).

PRIOR NOTIFICATION AND/OR APPROVAL - *If prior notification to and/or approval of the Governor, Legislature or others was required, list each notification, and/or approval and date, including notice to the Local Government Advisory Commission.*

Regulatory Review approval: 07-31-26

PUBLIC REVIEW - *M.G.L. c. 30A sections 2 and/or 3 requires notice of the hearing or comment period, including a small business impact statement, be filed with the Secretary of the Commonwealth, published in appropriate newspapers, and sent to persons to whom specific notice must be given at least 21 days prior to such hearing or comment period.*

Date of public hearing or comment period: _____

FISCAL EFFECT - *Estimate the fiscal effect of the public and private sectors.*

For the first and second year: **$80M**

For the first five years:

No fiscal effect:

SMALL BUSINESS IMPACT - *M.G.L. c. 30A section 5 requires each agency to file an amended small business impact statement with the Secretary of the Commonwealth prior to the adoption of a proposed regulation. If the purpose of this regulation is to set rates for the state, this section does not apply.*

Date amended small business impact statement was filed:

CODE OF MASSACHUSETTS REGULATIONS INDEX - *List key subjects that are relevant to this regulation:*

PROMULGATION - *State the action taken by this regulation and its effect on existing provisions of the Code of Massachusetts Regulations (CMR) or repeal, replace or amend. List by CMR number:*

Amends 130 CMR 420.000.

ATTESTATION - *The regulation described herein and attached hereto is a true copy of the regulation adopted by this agency.* ATTEST:

SIGNATURE: SIGNATURE ON FILE DATE: **Jul 31 2026**

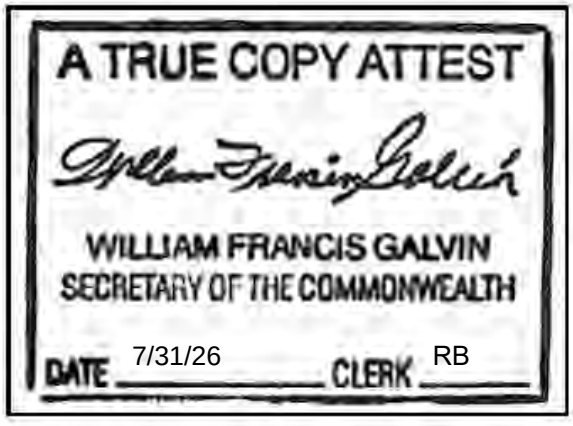
Publication - *To be completed by the regulations Division*

MASSACHUSETTS REGISTER NUMBER: **1580** DATE: **8/14/26**

EFFECTIVE DATE: **8/1/26**

CODE OF MASSACHUSETTS REGULATIONS

Remove these Pages:	*Insert these Pages:*
This is an Emergency Regulation.	**There are no Replacement Pages.**



130 CMR 420.000: DENTAL SERVICES

Section

420.401: Introduction

(A) 130 CMR 420.000 contains the regulations governing dental services under MassHealth. All dental providers participating in MassHealth must comply with MassHealth regulations, including but not limited to 130 CMR 420.000 and 130 CMR 450.000: *Administrative and Billing Regulations*.

(B) As described in 130 CMR 420.000 and in 130 CMR 450.000: *Administrative and Billing Regulations*, covered dental services are more extensive for members younger than 21 years old than for members 21 years of age and older.

(C) Subchapter 6 of the *Dental Manual* lists the Current Dental Terminology (CDT) codes for dentists and public health dental hygienists and Current Procedural Terminology (CPT) codes for specialists in oral surgery that the MassHealth agency pays for, a description of those codes, and where indicated, prior-authorization requirements. Oral and maxillofacial surgeons must submit all claims containing CPT codes directly to MassHealth.

420.402: Definitions

The following terms used in 130 CMR 420.000 have the meanings given in 130 CMR 420.402, unless the context clearly requires a different meaning. The reimbursability of services defined in 130 CMR 420.000 is not determined by these definitions, but by application of 130 CMR 420.000 and 130 CMR 450.000: *Administrative and Billing Regulations*. Definitions specific to radiographs are set forth at 130 CMR 420.423.

420.402: continued

Adult Dentition (Permanent Dentition). Permanent teeth that have erupted and replaced deciduous teeth.

Benefit Year. The start date of Benefit Year 2027 shall be identified in MassHealth written issuance. The end date of the Benefit Year 2027 is June 30, 2027. Subsequent Benefit Years are July 1 through June 30 (*e.g.*, Benefit Year 2028 is July 1, 2027, through June 30, 2028).

BORID. The Board of Registration in Dentistry, or any committee or subcommittee thereof, established in the Massachusetts Department of Public Health (DPH) pursuant to the provisions of M.G.L. c. 13, § 19 and M.G.L. c. 112, §§ 1, 12CC, 43 through 53, and 61 through 65E.

Caseload Capacity. A MassHealth dental provider's good-faith determination of the number of MassHealth members to whom the provider is able to provide dental services.

CODA. The Commission on Dental Accreditation of the American Dental Association.

Department of Developmental Services (DDS). The state agency organized under M.G.L. c. 19B.

DDS Clients – MassHealth members 21 years of age or older who have been determined by DDS to be eligible for adult DDS services, pursuant to 115 CMR 6.00: *Standards to Promote Dignity*.

EPSDT. Early and Periodic Screening, Diagnostic and Treatment Services as described in federal law at 42 U.S.C. §§ 1396d(a)(4)(B) and 1396d(r) and 42 CFR 441 Subpart B. In Massachusetts, EPSDT-eligible members are in MassHealth Standard or MassHealth CommonHealth categories of assistance, and are younger than 21 years old.

Mobile Dental Facility (MDF). Any self-contained facility where dentistry will be practiced that may be driven, moved, towed, or transported from one location to another.

Portable Dental Operation (PDO). Any dental practice where a portable dental unit is transported to and utilized on a temporary basis at an out-of-office location.

Primary Dentition (Deciduous Dentition). Deciduous teeth developed and erupted first in order of time.

Public Health Setting. Includes, but is not limited to, residences of the homebound; schools; Head Start programs; nursing homes and long-term care facilities licensed pursuant to M.G.L. c. 111, § 71; clinics, community health centers, and hospitals licensed pursuant to M.G.L. c. 111, § 51, medical facilities; residential treatment facilities; federal, state or local public health programs; MDFs and portable dental programs which are permitted by BORID pursuant to 234 CMR 7.00: *Mobile and Portable Dentistry* or licensed or certified by DPH pursuant to M.G.L. c. 111, § 51; and other facilities or programs deemed appropriate by BORID or DPH.

Transitional Dentition (Mixed Dentition). The phase of the transition from Primary Dentition to Permanent Dentition, in which growth has not ceased and the deciduous teeth are in the process of shedding and the permanent successors are emerging.

420.403: Eligible Members

(A) MassHealth Members. 130 CMR 450.105: *Coverage Types* specifically states for each MassHealth coverage type, which members are eligible to receive dental services. The MassHealth agency pays for dental services described in 130 CMR 420.000, provided to eligible MassHealth members.

420.403: continued

(B) Recipients of Emergency Aid to the Elderly, Disabled and Children Program. 130 CMR 450.106: *Emergency Aid to the Elderly, Disabled and Children Program* provides information on services available to recipients of the Emergency Aid to the Elderly, Disabled and Children (EAEDC) program.

(C) Member Eligibility and Coverage Type. 130 CMR 450.107: *Eligible Members* and the MassHealth Card provides information on verifying member eligibility and coverage type.

NON-TEXT PAGE

420.409: continued

(B) Substitutions.

(1) If a member desires a substitute for, or a modification of, a covered service, the member must pay for the entire cost of the service. The MassHealth agency does not pay for any portion of the cost of a substitute for, or modification of, a covered service. In all such instances, before performing services not covered for the member, the provider must inform the member both of the availability of covered services and of the member's obligation to pay for those that are not covered services.

(2) It is unlawful (M.G.L. c. 6A, § 35) for a provider to accept any payment from a member for a service or item for which payment is available under MassHealth. If a member claims to have been misinformed about the availability of covered services, it will be the responsibility of the provider to prove that the member was offered a covered service, refused it, and chose instead to accept and pay for a service that MassHealth does not pay for.

(3) Providers may upgrade medically necessary services at no additional cost to the MassHealth agency or the member.

NON-TEXT PAGE

420.409: continued

(C) For members 21 years of age and older who are not DDS Clients, coverage of dental services is subject to a Benefit Year maximum of $1,750 per member, based on the rates established in 101 CMR 314.00: *Rates for Dental Services*.

(1) Coverage of services described in 130 CMR 420.409(C)(1)(a) and (b) counts towards the Benefit Year maximum, and such services are payable beyond the Benefit Year maximum.

(a) Initial complete denture services after full arch extractions.

(b) Services identified as payable beyond the Benefit Year maximum in MassHealth billing instructions, provider bulletins, or other written issuances.

(2) Coverage of services identified as not subject to the Benefit Year maximum in MassHealth billing instructions, provider bulletins, or other written issuances does not count towards the Benefit Year maximum, and such services are payable beyond the Benefit Year maximum.

420.410: Prior Authorization

(A) Introduction.

(1) The MassHealth agency pays only for medically necessary services to eligible MassHealth members and may require that medical necessity be established through the prior authorization process. In some instances, prior authorization is required for members 21 years of age or older when it is not required for members younger than 21 years old.

(2) Services requiring prior authorization are identified in Subchapter 6 of the *Dental Manual*, and may also be identified in billing instructions, program regulations, associated lists of service codes and service descriptions, provider bulletins, and other written issuances. The MassHealth agency only reviews requests for prior authorization where prior authorization is required or permitted (*see* 130 CMR 420.410(B)).

(3) The provider must not start a service that requires prior authorization until the provider has requested and received written prior authorization from the MassHealth agency. The MassHealth agency may grant prior authorization after a procedure has begun if, in the judgment of the MassHealth agency

(a) the treatment was medically necessary;

(b) the provider discovers the need for additional services while the member is in the office and undergoing a procedure; and

(c) it would not be clinically appropriate to delay the provision of the service.

(B) Services Requiring Prior Authorization. The MassHealth agency requires prior authorization for:

(1) those services listed in Subchapter 6 of the *Dental Manual* with the abbreviation "PA" or otherwise identified in billing instructions, program regulations, associated lists of service codes and service descriptions, provider bulletins, and other written issuances;

(2) any service not listed in Subchapter 6 for an EPSDT-eligible member; and

(3) any exception to a limitation on a service otherwise covered for that member as described in 130 CMR 420.421 through 420.456. (For example, MassHealth limits prophylaxis to two per member per calendar year, but pays for additional prophylaxis for a member within a calendar year if medically necessary.)

(C) Submission Requirements.

(1) The provider is responsible for including with the request for prior authorization appropriate and sufficient documentation to justify the medical necessity for the service. Refer to Subchapter 6 of the *Dental Manual* for prior-authorization requirements.

(2) Instructions for submitting a request for prior authorization for Current Dental Terminology (CDT) codes are described in the MassHealth Dental Program Office Reference Manual. Dental providers requesting prior authorization for services listed with a CDT code must use the current American Dental Association (ADA) claim form.

(3) Instructions for submitting a request for prior authorization for CPT codes are described in the administrative and billing instructions (Subchapter 5) in all provider manuals. The provider must submit prior authorization requests for CPT codes to MassHealth in accordance with the instructions in Appendix A of all provider manuals.

420.410: continued

(D) Other Requirements for Payment.

(1) Prior authorization determines only the medical necessity of the authorized service and does not establish or waive any other prerequisites for payment such as member eligibility, the availability of other health-insurance payment, or whether the service is a covered service.

(2) The MassHealth agency does not pay for a prior-authorized service when the member's MassHealth eligibility is terminated on or before the date of service.

(3) When the member's MassHealth eligibility is terminated before delivery of a special-order good, such as denture(s) and crown(s), the provider may claim payment in accordance with the provisions of 130 CMR 450.231(B): *General Conditions of Payment*. Refer to 130 CMR 450.231(B) for special procedures in documenting member eligibility for special-order goods.

420.411: Pretreatment Review

When the MassHealth agency identifies an unusual pattern of practice of a given provider, the MassHealth agency, at its discretion and pursuant to written notice, may require the provider to submit any proposed treatments identified by the MassHealth agency, including those not otherwise subject to prior authorization, for the MassHealth agency's review and approval before treatment.

420.412: Individual Consideration

(A) Certain services, including unspecified procedures, are designated "IC" (individual consideration) in Subchapter 6 of the *Dental Manual* and in the EOHHS pricing regulation for dental services, 101 CMR 314.00: *Dental Services*. This means that a fee could not be established for these services. The MassHealth agency determines appropriate payment for individual-consideration services from the provider's detailed report of services provided (*see* Subchapter 6 of the *Dental Manual* for report requirements). The MassHealth agency does not pay claims for "IC" services without a complete report (*see* 130 CMR 420.415). If the documentation is illegible or incomplete, the MassHealth agency denies the claim.

(B) The MassHealth agency determines the appropriate payment for an individual-consideration service in accordance with the following standards and criteria:

(1) the amount of time required to perform the service;
(2) the degree of skill required to perform the service;
(3) the severity and complexity of the member's disease, disorder, or disability; and
(4) any extenuating circumstances or complications.

420.413: Separate Procedures

Certain procedures are designated "SP" (separate procedure) in the service descriptions in Subchapter 6 of the *Dental Manual*. A separate procedure is one that is commonly performed as an integral part of a total service and therefore does not warrant a separate payment, but that commands a separate payment when performed as a separate procedure not immediately related to other services. For example,

(A) the MassHealth agency does not pay for a frenulectomy when it is performed as part of a vestibuloplasty, and full-study models are not payable separately when performed as part of orthodontic treatment or diagnosis. Nevertheless, the MassHealth agency does pay for frenulectomy as a separate procedure when medically necessary; and

(B) the MassHealth agency does not pay for restorations placed on two or more surfaces within 12 months on the same tooth as separate restorations at the one-surface rate. Claims submitted as separate restorations will be paid at the appropriate multi-surface restoration rates set by EOHHS at 101 CMR 314.00: *Dental Services*, subject to the conditions, exclusions, and limitations set forth in 130 CMR 420.000 and 130 CMR 450.000: *Administrative and Billing Regulations*.

420.430: continued

(1) Circumstances under which the MassHealth agency pays for surgical removal of impacted teeth include, but are not limited to:

(a) full bony impacted supernumerary teeth, mesiodens, or teeth unerupted because of lack of alveolar ridge length;

(b) teeth involving a cyst, tumor, or other neoplasm;

(c) unerupted teeth causing the resorption of roots of other teeth;

(d) partially erupted teeth that cause intermittent gingival inflammation; or

(e) perceptive radiologic pathology that fails to elicit symptoms.

(2) The provider must maintain a preoperative radiograph of the impacted tooth in the member's dental record to substantiate the service performed. The radiograph must clearly define the category of impaction.

(3) A root tip is not considered an impacted tooth.

(4) Surgical extraction of an erupted tooth is the removal of bone and/or sectioning of the tooth, and including elevation of mucoperiosteal flap if indicated.

(5) Surgical extraction with soft tissue is the removal of a tooth in which the occlusal surface of the tooth is covered by soft tissue requiring mucoperiosteal flap elevation for removal.

(6) Surgical extraction with partial bony impaction is the removal of a tooth in which part of the crown is covered by bone and requires mucoperiosteal flap elevation and bone removal.

(7) Surgical extraction with complete bony impaction is the removal of a tooth in which most or the entire crown is covered by bone and requires mucoperiosteal flap elevation and bone removal.

(8) The MassHealth agency pays for surgical exposure of impacted or unerupted teeth to aid eruption only for members younger than 21 years old for orthodontic reasons. MassHealth agency payment for surgical exposure includes reexposure due to tissue overgrowth or lack of orthodontic intervention.

(E) Alveoloplasty.

(1) The MassHealth agency pays for alveoloplasty procedures performed in conjunction with the extraction of teeth.

(2) MassHealth agency payment for a quadrant alveoloplasty (dentulous or edentulous) includes any additional alveoloplasty of the same quadrant performed within six months of initial alveoloplasty.

(F) Vestibuloplasty. The MassHealth agency pays for vestibuloplasty ridge extension.

(G) Frenulectomy. The MassHealth agency pays for frenulectomy procedures. Frenulectomies may be performed to excise the frenum when the tongue has limited mobility, to aid in the closure of diastemas, and as a preparation for prosthetic surgery. If the purpose of the frenulectomy is to release a tongue, a written statement by a physician or primary care clinician and a speech pathologist clearly stating the problem must be maintained in the member's dental record. The MassHealth agency does not pay for labial frenulectomies performed before the eruption of the permanent cuspids, unless there is documentation that the frenum attachment is interfering with proper infant feeding or orthodontic documentation that clearly justifies the medical necessity for the procedure. Such documentation must be maintained in the member's dental record.

(H) Excision of Hyperplastic Tissue. The MassHealth agency pays for excision of hyperplastic tissue by report. The MassHealth agency does not pay separately for the excision of hyperplastic tissue when performed in conjunction with an extraction. This procedure is generally reserved for the preprosthetic removal of such lesions as fibrous epuli or benign palatal hyperplasia.

(I) Excision of Benign Lesion. The MassHealth agency pays for excision of soft tissue lesions.

(J) Removal of Exostosis and Tori. The MassHealth agency pays for removal of exostosis and tori once per arch per member.

420.430: continued

(K) Tooth Reimplantation and Stabilization of Accidentally Avulsed or Displaced Tooth. The MassHealth agency pays for tooth reimplantation and stabilization of an accidentally avulsed or displaced tooth. The procedure includes splinting and stabilization.

(L) Treatment of Complications (Postsurgical). The MassHealth agency pays for nonroutine postoperative follow-up in the office as an individual-consideration service only for unusual services and only to ensure the safety and comfort of a postsurgical member. This nonroutine postoperative visit may include drain removal or packing change. The provider must include a detailed report for individual consideration in conjunction with the claim form for postoperative visit. The report must at a minimum include the date, the location of the original surgery, and the type of procedure.

420.431: Service Descriptions and Limitations: Orthodontic Services

(A) General Conditions. The MassHealth agency pays for orthodontic treatment, subject to prior authorization, service descriptions and limitations as described in 130 CMR 420.431. The provider must seek prior authorization for orthodontic treatment and begin initial placement and insertion of orthodontic appliances and partial banding or full banding and brackets prior to the member's 21st birthday.

(B) Definitions.

(1) Pre-orthodontic Treatment Examination. Includes the periodic observation of the member's dentition at intervals established by the orthodontist to determine when orthodontic treatment should begin.

(2) Interceptive/Limited Orthodontic Treatment. Includes treatment of the primary and transitional dentition to prevent or minimize the development of a handicapping malocclusion and therefore, minimize or preclude the need for comprehensive orthodontic treatment.

(3) Comprehensive Orthodontic Treatment. Includes a coordinated diagnosis and treatment leading to the improvement of a member's craniofacial dysfunction and/or dentofacial deformity which may include anatomical and/or functional relationship. Treatment may utilize fixed and/or removable orthodontic appliances and may also include functional and/or orthopedic appliances. Comprehensive orthodontics may incorporate treatment phases, including adjunctive procedures to facilitate care focusing on specific objectives at various stages of dentofacial development.

(4) Orthodontic Treatment Visits. Periodic visits which may include, but are not limited to, updating wiring, tightening ligatures or otherwise evaluating and updating care while undergoing comprehensive orthodontic treatment.

(C) Service Limitations and Requirements.

(1) Pre-orthodontic Treatment Examination. The MassHealth agency pays for a pre-orthodontic treatment examination for members younger than 21 years old, once per six months per member, and only for the purpose of determining whether orthodontic treatment is medically necessary, and can be initiated before the member's 21st birthday. The MassHealth agency pays for a pre-orthodontic treatment examination as a separate procedure (*see* 130 CMR 420.413). The MassHealth agency does not pay for a pre-orthodontic treatment examination as a separate procedure in conjunction with pre-authorized ongoing or planned orthodontic treatment.

(2) Interceptive/Limited Orthodontics.

(a) The MassHealth agency pays for interceptive/limited orthodontic treatment once per member per lifetime. The MassHealth agency determines whether the treatment will prevent or minimize a handicapping malocclusion based on the clinical standards described in Appendix F of the *Dental Manual*.

(b) The MassHealth agency limits coverage of interceptive/limited orthodontic treatment with at least one of the following conditions: constricted palate, deep impinging overbite, Class III malocclusion, including skeletal Class III cases as defined in Appendix F of the *Dental Manual* when a protraction facemask/reverse pull headgear is necessary at a young age, craniofacial anomalies, anterior cross bite, or dentition exhibiting results of harmful habits or traumatic interferences between erupting teeth.

420.431: continued

(c) When initiated during the early stages of a developing problem, interceptive orthodontics may reduce the severity of the malformation and mitigate its causes. Complicating factors such as skeletal disharmonies, overall space deficiency, or other conditions may require subsequent comprehensive orthodontic treatment. Prior authorization for comprehensive orthodontic treatment may be sought for Class III malocclusions as defined in Appendix F of the *Dental Manual* requiring facemask treatment at the same time that authorization for interceptive orthodontic treatment is sought. For members with craniofacial anomalies, prior authorization may separately be sought for the cost of appliances, including installation.

(3) Comprehensive Orthodontics.

(a) The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, once per member per lifetime for a member younger than 21 years old and only when the member has a handicapping malocclusion. The MassHealth agency determines whether a malocclusion is handicapping based on clinical standards for medical necessity as described in Appendix D of the *Dental Manual*. Upon the completion of orthodontic treatment, the provider must take post-treatment photographic prints and maintain them in the member's dental record.

(b) The MassHealth agency pays for the office visit, radiographs and a record fee of the pre-orthodontic treatment examination (alternative billing to a contract fee) when the MassHealth agency denies a request for prior authorization for comprehensive orthodontic treatment or when the member terminates the planned treatment. The payment for a pre-orthodontic treatment consultation as a separate procedure does not include models or photographic prints. The MassHealth agency may request additional consultation for any orthodontic procedure.

(c) Payment for comprehensive orthodontic treatment is inclusive of initial placement, and insertion of the orthodontic fixed and removable appliances (for example: rapid palatal expansion (RPE) or head gear), and records. Comprehensive orthodontic treatment may occur in phases, with the anticipation that full banding must occur during the treatment period. The payment for comprehensive orthodontic treatment covers a maximum period of three calendar years. The MassHealth agency pays for orthodontic treatment as long as the member remains eligible for MassHealth, if initial placement and insertion of fixed or removable orthodontic appliances begins before the member reaches 21 years of age.

(d) Comprehensive orthodontic care should commence when the first premolars and first permanent molars have erupted. It should only include the transitional dentition in cases with craniofacial anomalies such as cleft lip or cleft palate. Comprehensive treatment may commence with second deciduous molars present.

(e) Subject to prior authorization, the MassHealth agency will pay for more than one comprehensive orthodontic treatment for members with cleft lip, cleft palate, cleft lip and palate, and other craniofacial anomalies to the extent treatment cannot be completed within three years.

(4) Orthodontic Treatment Visits. The MassHealth agency pays for orthodontic treatment visits on a quarterly (90-day) basis for ongoing orthodontic maintenance and treatment beginning after the initial placement, and insertion of the orthodontic fixed and removable appliances. If a member becomes inactive for any period of time, prior authorization is not required to resume orthodontic treatment visits and subsequent billing, unless the prior authorization time limit has expired. The provider must document the number and dates of orthodontic treatment visits in the member's orthodontic record.

(5) Orthodontic Case Completion. The MassHealth agency pays for orthodontic case completion for comprehensive orthodontic treatment which includes the removal of appliances, construction and placement of retainers and follow-up visits. The MassHealth agency pays for a maximum of five visits for members whose orthodontic treatment begins before their 21st birthday, consistent with 130 CMR 420.431(A). The MassHealth agency pays for the replacement of lost or broken retainers with prior authorization.

(6) Orthodontic Transfer Cases. The MassHealth agency pays for members who transfer from one orthodontic provider to another for orthodontic services subject to prior authorization to determine the number of treatment visits remaining. Payment for transfer cases is limited to the number of treatment visits approved. Providers must submit requests using the form specified by MassHealth.

420.431: continued

(7) Orthodontic Terminations. The MassHealth agency requires providers to make all efforts to complete the active phase of treatment before requesting payment for removal of brackets and bands of a noncompliant member. If the provider determines that continued orthodontic treatment is not indicated because of lack of member's cooperation and has obtained the member's consent, the provider must submit a written treatment narrative on office letterhead with supporting documentation, including the case prior authorization number.

(8) Radiographs. Payment for Cephalometric and radiographs used in conjunction with orthodontic diagnosis is included in the payment for comprehensive orthodontic treatment (*see* 130 CMR 420.423(D)). The MassHealth agency pays for radiographs as a separate procedure for orthodontic diagnostic purposes only for members younger than 21 years old if requested by the MassHealth agency.

(9) Oral/Facial Photographic Images. The MassHealth agency pays for digital or photographic prints, not slides, only to support prior-authorization requests for comprehensive orthodontic treatment. Payment for digital or photographic prints is included in the payment for comprehensive orthodontic treatment or orthognathic treatment. The MassHealth agency does not pay for digital or photographic prints as a separate procedure (*see* 130 CMR 420.413). Payment for orthodontic treatment includes payment for services provided as part of the pre-orthodontic treatment examination, unless the MassHealth agency denies the prior authorization request for interceptive or comprehensive orthodontic treatment. The MassHealth agency pays for the pre-orthodontic treatment examination if prior authorization is denied for interceptive or comprehensive orthodontic treatment.

420.452: Service Descriptions and Limitations: Anesthesia

(A) General Requirements. The MassHealth agency pays for general anesthesia and intravenous moderate (conscious) sedation/analgesia subject to the service descriptions and limitations described in 130 CMR 420.452 and in accordance with the service description of Subchapter 6 in the *Dental Manual*.

(1) Deep Sedation/General Anesthesia. Deep sedation and general anesthesia, when administered in a dental office, must be administered only by a provider who possesses both an anesthesia-administration permit and an anesthesia-facility permit issued by the Massachusetts Board of Registration in Dentistry (BORID) and when a member is eligible for oral-surgery services. All rules, regulations, and requirements set forth by the Massachusetts BORID and by the Massachusetts Society of Oral and Maxillofacial Surgeons must be followed without exception.

(2) Intravenous Moderate Sedation/Analgesia. The MassHealth agency pays for intravenous moderate sedation/analgesia sedation when administered in a dental office, and when a member is eligible for oral-surgery services, administered by a provider who possesses both an anesthesia-administration permit and an anesthesia-facility permit issued by the Massachusetts BORID.

(3) Inhalation of Nitrous Oxide/Oral Analgesia.

(a) The MassHealth agency pays for the oral administration of analgesia, as part of an operative procedure.

(b) The MassHealth agency pays for the administration of inhalation analgesia (nitrous oxide (N_2O/O_2)) as a separate procedure.

(4) Local Anesthesia. The MassHealth agency pays for the administration of local anesthesia as part of an operative procedure. The MassHealth agency does not pay for local anesthesia as a separate procedure (*see* 130 CMR 420.413).

(B) Documentation. The provider must maintain a completed anesthesia flowsheet in the member's dental record for each procedure requiring the use of anesthesia. In addition, the provider must document the following in the member's dental record:

(1) the beginning and ending times of deep sedation/general anesthesia, IV moderate sedation/analgesia, or inhalation of nitrous oxide analgesia procedure. The anesthesia time begins when the provider administers the anesthetic agent. The provider is required to follow the non-invasive monitoring protocol and remain in continuous attendance of the member. Anesthesia services are considered completed when the member may be safely left under the observation of trained personnel and the provider may safely leave the room. The level of

Docket # 457

THE COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin

Secretary of the Commonwealth

Regulation Filing

To be completed by filing agency

CHAPTER NUMBER: **205 CMR 17.00**

CHAPTER TITLE: **Review of a Proposed Transfer of Interests in a Racing Meeting License**

AGENCY: **Massachusetts Gaming Commission**

SUMMARY OF REGULATION: *State the general requirements and purposes of this regulation.*

205 CMR 17.00 codifies the procedure and requirements for an entity seeking to sell, transfer or convey ownership or interest in a racing meeting license. This is a new regulation promulgated by the Commission to provide additional clarity to the process enumerated within the statute, M.G. L. c. 128A, § 11(C).

REGULATORY AUTHORITY: **M.G.L. c. 128A, §§ 2, 3(i), 5C, 9 and 9B; and 11C; and M.G.L. c. 128C.**

AGENCY CONTACT: **Judith A. Young** PHONE: **(857)406-4277**

ADDRESS: **101 Federal Street, Floor 12, Boston Massachusetts, 02110**

Compliance with M.G.L. c. 30A

EMERGENCY ADOPTION - *if this regulation is adopted as an emergency, state the nature of the emergency.*

The Commission is promulgating 205 CMR 17.00 as an emergency regulation in the interests of the Commonwealth and its citizens to ensure the health, safety, and wellbeing of the public and participants involved in the operation of a racing establishment. There is a need to have these regulations in effect to facilitate a transfer of interests between entities.

PRIOR NOTIFICATION AND/OR APPROVAL - *If prior notification to and/or approval of the Governor, Legislature or others was required, list each notification, and/or approval and date, including notice to the Local Government Advisory Commission.*

N/A

PUBLIC REVIEW - *M.G.L. c. 30A sections 2 and/or 3 requires notice of the hearing or comment period, including a small business impact statement, be filed with the Secretary of the Commonwealth, published in appropriate newspapers, and sent to persons to whom specific notice must be given at least 21 days prior to such hearing or comment period.*

Date of public hearing or comment period: _____

FISCAL EFFECT - *Estimate the fiscal effect of the public and private sectors.*

For the first and second year: **N/A**

For the first five years: **N/A**

No fiscal effect: **N/A**

SMALL BUSINESS IMPACT - *M.G.L. c. 30A section 5 requires each agency to file an amended small business impact statement with the Secretary of the Commonwealth prior to the adoption of a proposed regulation. If the purpose of this regulation is to set rates for the state, this section does not apply.*

Date amended small business impact statement was filed: **N/A**

CODE OF MASSACHUSETTS REGULATIONS INDEX - *List key subjects that are relevant to this regulation:*
Racing Meeting Licensure, Transfer of Interests, Investigation, Authorization, Notice and Approval.

PROMULGATION - *State the action taken by this regulation and its effect on existing provisions of the Code of Massachusetts Regulations (CMR) or repeal, replace or amend. List by CMR number:*
Establishes 205 CMR 17.00 which was previously on reserve by the Massachusetts Gaming Commission.

ATTESTATION - *The regulation described herein and attached hereto is a true copy of the regulation adopted by this agency.* ATTEST:

SIGNATURE: SIGNATURE ON FILE DATE: **Jul 22 2026**

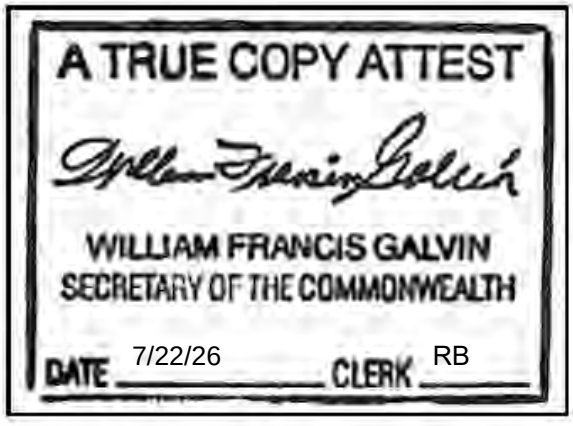
Publication - *To be completed by the regulations Division*

MASSACHUSETTS REGISTER NUMBER: **1580** DATE: **8/14/26**

EFFECTIVE DATE: **7/22/26**

CODE OF MASSACHUSETTS REGULATIONS

Remove these Pages:	*Insert these Pages:*
This is an Emergency Regulation.	**There are no Replacement Pages.**



205 CMR 17.00: REVIEW OF A PROPOSED TRANSFER OF INTERESTS IN A RACING MEETING LICENSE

Section

17.01: Notice

(1) Pursuant to M.G.L. c. 128A, § 11(C), no person, firm, partnership, trust, association or corporation who has been granted a license to conduct a horse or dog racing meeting, or an officer, director or the beneficial owner of ten per cent or more of the stock of a corporation holding such a license, shall sell, transfer, convey or cause to be transferred, singly or in concert with others, more than ten per cent of the value or stock of the facility or corporation so licensed without first obtaining the written approval of the commission, except in the case of a publicly held corporation. The commission shall have the same rights as to transferees as it would have with respect to original applicants for licensure.

(2) Notwithstanding 205 CMR 17.01(1), the following transactions shall not be considered transfers subject M.G.L. c. 128A, § 11(C) and do not require prior notification to or approval of the Bureau:

(a) The open market transfer of a publicly traded interest in a Racing Meeting Licensee, or holding, parent or intermediary company of a Racing Meeting Licensee where such transfer results in the transferee holding less than a 10% interest in the holding, parent or intermediary company. The Racing Meeting Licensee, applicant, or Qualifier shall however, provide notice of the transaction promptly to the Bureau upon its consummation.

(b) The granting of a security interest in return for financing to a *bona fide* banking institution, as defined in M.G.L. c. 167A, § 1, or a commercial financial institution as defined in M.G.L. c. 63, § 1, so long as the *bona fide* banking institution or the commercial financial institution does not, by virtue of its security interest, possess the intention to influence or affect the affairs or operations of a Racing Meeting Licensee or applicant or Qualifier for a Racing Meeting License. The Racing Meeting Licensee, applicant, or Qualifier shall however, provide notice of the transaction promptly to the Bureau upon its consummation.

17.02: Approval

(1) Any transfer subject to M.G.L. c. 128A, § 11(C) that does not result in a new qualifier being designated in accordance with 205 CMR 15.04(5): *Persons Required to Be Qualified* may be approved by the Commission in a public meeting.

(2) Any transfer subject to M.G.L. c. 128A, § 11(C) that results in a new qualifier being designated in accordance with 205 CMR 15.04(5): *Persons Required to Be Qualified* must be approved by the Commission. Said approval shall be subject to the provisions of 205 CMR 17.04. Both the transferor and transferee shall be jointly and severally responsible for the payment of the investigatory and other fees provided for in 205 CMR 17.05.

(3) In accordance with M.G.L. c. 128A, § 11(C), the commission shall approve such sale, transfer or conveyance unless it finds that the consideration therefor is

(a) inadequate or

(b) without good cause,

(c) that the sale or transfer results in an undesirable concentration of ownership of racing facilities within the commonwealth, or

(d) that the sale or transfer has an adverse impact upon the integrity of the racing industry.

17.02: continued

Without implied limitation, a transfer may be considered to have an adverse impact upon the integrity of the racing industry if the Commission determines that the proposed transferee does not satisfy the applicable considerations set forth in M.G.L. c. 128A, §§ 1, 2, or 3(i); 205 CMR 15.04: *Suitability of New and Existing Licensees, and Qualifiers*; or any other applicable provisions of M.G.L. c. 128A, M.G.L, c. 128C or 205 CMR, or if the transferee does not satisfy the provisions of 205 CMR 17.04. A prospective transferee shall establish its individual qualifications for licensure to the commission by clear and convincing evidence.

(4) The Commission shall not approve the transfer of a Racing Meeting License for one year after the initial issuance of the license unless one of the following occurs:

(a) the parent, holding company, or intermediary company of the Racing Meeting Licensee experiences a change in ownership resulting in a change of control;

(b) the Racing Meeting Licensee fails to maintain suitability; or

(c) the Commission determines that other circumstances exist which affect the Racing Meeting Licensee's ability to conduct racing operations successfully.

17.03: Interim Authorization

(1) Contractual Transfers. Whenever any person contracts to transfer a Racing Meeting License or an ownership interest in a Racing Meeting Licensee, as defined in 205 CMR 15.01: *Authority and Definitions*, or its parent, holding or intermediary company, or any property relating to a racing operation, under circumstances which require that the transferee obtain licensure or be found qualified pursuant to 205 CMR 15.04: *Suitability of New and Existing Licensees, and Qualifiers* and/or M.G.L. c. 128A, the contract shall not specify a closing or settlement date which is earlier than 121 days after the submission of a completed transfer application. Said application shall consist of:

(a) For the transferee, the survey described at 205 CMR 15.02(1)(a)1.;

(b) For the transferee and each new qualifier, the materials described at 205 CMR 15.02(1)(a)2. and 3., as appropriate;

(c) For the transferee and each new qualifier, any attestation forms required by the Bureau;

(d) For the transferee, the materials described at 205 CMR 15.02(1)(c) through (e), as appropriate

(e) Application for Racing License Transfer form as provided by the Commission;

(f) A fully executed trust agreement in accordance with 205 CMR 17.03(6) which shall be subject to Commission approval. Any contract provision which specifies a closing or settlement date sooner than 121 days after submission of the transfer application shall be void for all purposes.

(2) Transfers of Publicly Traded Securities. Whenever any Person, as a result of a transfer of publicly traded securities of a Racing Meeting Licensee or its parent, holding or intermediary company, is required to be qualified under 205 CMR 15.04(5): *Persons Required to Be Qualified,* the Person including all related qualifiers shall, within 30 days after a Schedule 13D or 13G is filed with the U.S. Securities and Exchange Commission, or after the Bureau notifies the Person that qualification is required, or within such additional time as the Bureau may for good cause allow, file a completed transfer application as described in 205 CMR 17.03(1). No extension of the time for filing a completed transfer application shall be granted unless the Person submits a written acknowledgement recognizing the jurisdiction of the commission and the obligations imposed by M.G.L c. 128A and 205 CMR. If a proposed transferee, including all related qualifiers, fails to timely file a complete transfer application, such failure shall constitute a per se negative finding of suitability to continue to act as a security holder, and the Commission shall take appropriate action including requiring divestiture by the transferee or redemption of the securities by the transferor.

17.03: continued

(3) If a prospective transferee files a complete transfer application in a timely manner the Commission may then request the bureau to produce an interim authorization report. Within 30 days after the bureau's submission to the Commission of the interim authorization report the Commission shall hold a hearing in accordance with 205 CMR 101.01(2)(d) and render a decision on the interim authorization of the proposed transferee. If interim authorization is approved for a transfer governed by 205 CMR 17.03(1) then the closing or settlement may occur, and the prospective transferee may hold the securities or interests subject to the provisions of 205 CMR 17.03(4) until a final determination of suitability is made by the commission. If interim authorization is approved for a transfer governed by 205 CMR 17.03(2) then the prospective transferee may continue to hold the securities or interests subject to the provisions of 205 CMR 17.03(4) until a final determination of suitability is made by the Commission.

(4) If, the Commission does not request the bureau to produce an interim authorization report, or, after a hearing, the Commission denies interim authorization, there shall be no closing or settlement of a contract to transfer an interest governed by 205 CMR 17.03(1) until the Commission makes a final determination on the suitability of the transferee in accordance with 205 CMR 15.04(1): *Durable Suitability Determinations*. If the Commission denies interim authorization for a proposed transfer subject to 205 CMR 17.03(2), all securities and interests subject to the transfer shall be promptly transferred into the trust. If the commission grants interim authorization for any transfer, it may at any time thereafter order all securities and interests subject to the transfer transferred into the trust if it finds reasonable cause to believe that the proposed transferee may be found unsuitable. If a prospective transferee fails or refuses to timely transfer securities and interests into the trust upon direction from the Commission said transferee shall be issued a negative determination of suitability.

(5) After determining that a person is required to be qualified in accordance with 205 CMR 15.04(5): *Persons Required to Be Qualified,* the Bureau shall commence an investigation into the suitability of the transferee, which may be limited to the information required in accordance with 205 CMR 15.04(2)(b). If the Commission so requests pursuant to 205 CMR 17.03(3), the Bureau shall produce and forward to the Commission an interim authorization report no later than 90 days after the date that a complete transfer application is submitted by the proposed transferee, or such later date as the Commission may allow. Following a hearing, the commission may approve interim authorization if it finds that:

(a) The transferee has submitted a complete transfer application;

(b) The transferee has submitted a fully executed trust agreement in accordance with 205 CMR 17.03(6);

(c) The trustee or trustees required under 205 CMR 17.03(6) have satisfied the qualification criteria applicable to qualifiers;

(d) There is no preliminary evidence to disqualify the transferee from licensure in accordance with M.G.L. c. 128A, §§ 2, 3i, 5C, M.G.L. c. 128C or 205 CMR 15.04: *Suitability of New and Existing Licensees, and Qualifiers*, nor is there any other reason known at the time why a positive determination of suitability may not ultimately be achieved;

(e) The transfer would not violate 205 CMR 17.02(3) or (4);

(f) It is in the best interests of the Commonwealth for the Racing Meeting Operation to continue to operate pursuant to interim authorization; and

(g) If the transfer will result in a change of control, the transferee has agreed in writing in accordance with 205 CMR 17.04 to comply with all of the transferor's existing license obligations or has otherwise petitioned the Commission for modification or elimination of one or more of those obligations.

If the Commission approves interim authorization, during the period of interim authorization, the Bureau shall continue its suitability investigation as may be necessary for a determination of the suitability of the person granted interim authorization. Within nine months after the interim authorization decision, which period may be extended by the Commission, the Commission shall hold a hearing and render a determination on the suitability of the applicant in accordance with 205 CMR 15.04(1): *Durable Suitability Determinations*. If the Commission denies interim authorization, or no interim authorization is requested, the Commission and Bureau shall proceed with the qualification process pursuant to 205 CMR 117.00: *Phase 1 Determination of Financial Stability* and shall complete the process within thirteen months of the submittal of a completed Racing License Transfer application, which 13 month period may be further extended by the Commission.

17.03: continued

(6) Trust Agreements. A trust agreement required to be submitted with a transfer application in accordance with 205 CMR 17.03(1) and (2) shall be fully executed upon submission and contain, at a minimum, the following:

(a) A provision for the transfer and conveyance to the trustee of all of the transferee's proposed present and future right, title and interest in the racing meeting licensee, or its parent, holding or intermediary company, including all voting rights in securities upon the occurrence of an event described in 205 CMR 17.03(4) or if otherwise directed to do so by the Bureau in its discretion, pending a final suitability determination by the Commission.

(b) A provision consistent with the provisions of 205 CMR 17.03 for the distribution of any trust res upon a positive determination of suitability, negative determination of suitability, or at the direction of the Commission in accordance with 205 CMR 17.03(8).

(c) A provision identifying the trustee(s) and requiring the trustee to timely submit the materials described in 205 CMR 15.02(1)(a), as applicable, in order to be found qualified by the Commission in accordance with 205 CMR 15.04(1): *Durable Suitability Determinations*.

(d) A provision identifying the compensation for the service, costs and expenses of the trustee(s), which shall be made subject to the approval of the Commission.

(e) A mechanism by which the trustee may effectuate divestiture or redemption of securities, or a like process, in the event of a negative determination of suitability being issued to the transferee.

(f) Any additional provisions the Commission deems necessary and desirable.

(7) The trustee of the trust shall exercise all rights incident to the ownership of the property subject to the trust, and shall be vested with all powers, authority and duties necessary to the unencumbered exercise of such right, and the transferee shall have no right to participate in the earnings of the Racing meeting Licensee or receive any return on its investment or debt security holdings during the time the securities or interest are in the trust. Earnings may, however, accrue to or into the trust.

(8) The trust agreement shall remain operative until the Commission issues the transferee a positive determination of suitability in accordance with 205 CMR 15.04(1)(e) (and in the event the interest has been placed into the trust, the trustee distributes the trust res) or the Commission issues the transferee a negative finding of suitability and the trust res is disposed of in accordance with 205 CMR 17.03(9). The trust shall otherwise only be revocable prior to a determination of suitability being issued upon Commission approval at the request of the settlor. In the event of such a request the Commission may direct the trustee to dispose of the trust res in accordance with 205 CMR 17.03(9).

(9) If the Commission issues a negative determination of suitability in accordance with 205 CMR 15.04(1)(e)1., a contract for the transfer of interests shall thereby be terminated for all purposes without liability on the part of the transferor. In the event of such negative determination, where the subject interests have been transferred into a trust in accordance with 205 CMR 17.03(4), the trustee shall endeavor and be authorized to attempt to sell, assign, convey or otherwise dispose of all trust res in accordance with the means established in accordance with 205 CMR 17.03(6)(e) or as otherwise directed by the commission. Any subsequent transferee must be appropriately licensed or qualified in accordance with 205 CMR 17.00. The disposition of trust res by the trustee shall be completed within 120 days of the denial of qualification, or within such additional time as the Commission may for good cause allow. The proceeds of such disposition shall be distributed to the unsuitable transferee only in an amount not to exceed the lower of the actual cost of the assets to such unsuitable transferee, or the value of such assets calculated as if the investment had been made on the date the assets were transferred into the trust, and any excess remaining proceeds shall be paid to the Commission.

17.04: Review of a Proposed Transfer of Interests

(1) If a proposed transfer of interests is subject to M.G.L. c. 128A §11(C), the proposed transferee shall, as a condition of the transfer, unless otherwise allowed by the Commission in accordance with 205 CMR 17.01(2), provide the Commission with a written agreement to assume all obligations of the Racing Meeting License including, but not limited to, commitments made in the Application for Racing License Transfer, all terms and conditions contained in the Racing Meeting License, Operation Certificate, and all permits, licenses, and other approvals issued by any federal, state, and local governmental agencies. Additionally, the written agreement shall include an attestation from the transferor and transferee, accompanied by relevant supporting documentation, that said transfer comports with all applicable terms and conditions of the aforementioned instruments.

(2) Prior to submitting the written agreement referenced in 205 CMR 17.04(1), a proposed transferee may petition the Commission to allow for the modification of any terms, conditions, or agreements applicable to the Racing Meeting License held by the transferor, provided that the modifications are not inconsistent with any applicable provisions of M.G.L. c. 128A, M.G.L. c. 128C, 205 CMR, and St. 2025, c. 73 §§ 58 through 67, 69 through 70, 73, 74 and 180.

(3) Notwithstanding 205 CMR 17.04(1):

(a) The Commission may in its discretion require submission of any additional application material as described in 205 CMR 15.02: *Racing Meeting License Application,* and 15.04: *Suitability of New and Existing Licensees, and Qualifiers* to assist in its determination as to whether to allow a modification in accordance with 205 CMR 17.04(2) and/or approve a transfer of interests in accordance with 205 CMR 17.02.

(b) A proposed transferee shall have the same duty to cooperate with such requests for information as does an Applicant under 205 CMR 15.08: *Additional Information and Cooperation of Racing Meeting Applicants and Licensees.*

17.05: Fees for Review of Transfer

(1) The transferor shall be responsible for paying to the Commission all costs incurred by the Commission, directly or indirectly, for reviewing any transfer that requires prior notification to the Bureau, in accordance with 205 CMR 17.02(2).

(2) For purposes of 205 CMR 17.05, the costs associated with reviewing the transfer shall include, without limitation:

(a) All costs for conducting an investigation into any new qualifiers, the transferee, the trustee, and any other person subject to the jurisdiction of the Commission under M.G.L. c. 128A relating to the transfer in question; and

(b) All fees for services, disbursements, out of pocket costs, allocated overhead, processing charges, administrative expenses, professional fees, and other costs directly or indirectly incurred by the Commission, including without limitation all such amounts incurred by the Commission to and through the Bureau, the Division, the Gaming Enforcement Unit, the Gaming Liquor Enforcement Unit, and any contract investigator.

(3) If, the Commission establishes a schedule of fees, wages, and other charges for the cost of investigating applicants, said schedule shall also govern the assessment of costs under 205 CMR 17.04.

(4) The Commission shall assess to the transferor all other costs paid by or for the Commission, directly or indirectly, to any other Person for conducting an investigation into a transferor plus an appropriate percent for overhead, processing and administrative expenses.

(5) Other Requirements for Review Fees.

(a) All required review fees pursuant to 205 CMR 17.05 shall be non-refundable, due and payable notwithstanding the withdrawal, abandonment, or denial of any transfer application.

(b) The transferor and the transferee shall be jointly and severally liable for any amounts chargeable to the transferor pursuant to 205 CMR 17.05.

REGULATORY AUTHORITY

205 CMR 17.00: M.G.L. c. 128A, §§ 2, 3(i), 5C and 11C; and M.G.L. c. 128C.

NON-TEXT PAGE

(205 CMR 18.00 THROUGH 100.00: RESERVED)

(PAGES 263 THROUGH 300 ARE RESERVED FOR FUTURE USE.)

Docket # 890

THE COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin

Secretary of the Commonwealth

Notice of Correction

Regulation Filing *To be completed by filing agency*

CHAPTER NUMBER: **322 CMR 6.00**

CHAPTER TITLE: **Regulation of Catches**

AGENCY: **Division of Marine Fisheries**

ORIGINAL PUBLICATION REFERENCE: **1573** *Date:* **5/8/26**

SUMMARY OF CORRECTION:

Includes missing section 322 CMR 6.28(2)4.e. and 5.

AGENCY CONTACT: **Jared A. Silva** PHONE: **617-634-9573**

ADDRESS: **836 S. Rodney French Boulevard, New Bedford, MA 02744**

ATTESTATION - *The regulation described herein and attached hereto is a true copy of the regulation adopted by this agency.* ATTEST:

SIGNATURE: SIGNATURE ON FILE DATE: **Jul 31 2026**

Publication - *To be completed by the regulations Division*

MASSACHUSETTS REGISTER NUMBER: **1580** DATE: **8/14/26**

EFFECTIVE DATE: **4/24/26**

CODE OF MASSACHUSETTS REGULATIONS

Remove these Pages:	*Insert these Pages:*
This is an Emergency Regulation.	**There are no Replacement Pages.**
See Notice of Compliance Docket 890.	**See Notice of Compliance Docket 890.**

A TRUE COPY ATTEST

WILLIAM FRANCIS GALVIN
SECRETARY OF THE COMMONWEALTH

DATE 7/31/26 CLERK MG

Docket # 893

THE COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin

Secretary of the Commonwealth

Regulation Filing

To be completed by filing agency

CHAPTER NUMBER: **322 CMR 6.00**

CHAPTER TITLE: **Regulation of Catches**

AGENCY: **Division of Marine Fisheries**

SUMMARY OF REGULATION: *State the general requirements and purposes of this regulation.*

Fishing for white sharks from our shore creates an unnecessary public safety risk by attracting these animals to areas that may be frequented by beachgoers. To limit this activity, DMF regulations at 322 CMR 6.37(4)(c)(3) prohibit the use of metal or wire leaders measuring 18-inches or greater in combination with hooks that have a gap greater than 5/8" when fishing from shore from Plymouth Point around Cape Cod Bay and the eastern shore of Cape Cod to Stage Harbor in Chatham. These emergency regulations expand the spatial extent of this regulation to Nantucket.

REGULATORY AUTHORITY: **G.L. c. 30A, s. 2 and G.L. c. 130, s. 17**

AGENCY CONTACT: **Jared A. Silva** PHONE: **617-634-9573**

ADDRESS: **836 S. Rodney French Blvd, New Bedford, MA 02740**

Compliance with M.G.L. c. 30A

EMERGENCY ADOPTION - *if this regulation is adopted as an emergency, state the nature of the emergency.*

This adoption of this emergency regulation is necessary to safeguard public safety.

PRIOR NOTIFICATION AND/OR APPROVAL - *If prior notification to and/or approval of the Governor, Legislature or others was required, list each notification, and/or approval and date, including notice to the Local Government Advisory Commission.*

DMF: 7/21/26; DFG: 7/27/26; EEA: 7/29/26; ANF/GOV: 7/30/26.

PUBLIC REVIEW - *M.G.L. c. 30A sections 2 and/or 3 requires notice of the hearing or comment period, including a small business impact statement, be filed with the Secretary of the Commonwealth, published in appropriate newspapers, and sent to persons to whom specific notice must be given at least 21 days prior to such hearing or comment period.*

Date of public hearing or comment period: **N/A Emergency Regulations**

FISCAL EFFECT - *Estimate the fiscal effect of the public and private sectors.*

For the first and second year: **Fiscal impact is expected to be negligible.**

For the first five years: **N/A. Emergency regulation will only be in effect for 90-days.**

No fiscal effect: **N/A. Fiscal impact is expected.**

SMALL BUSINESS IMPACT - *M.G.L. c. 30A section 5 requires each agency to file an amended small business impact statement with the Secretary of the Commonwealth prior to the adoption of a proposed regulation. If the purpose of this regulation is to set rates for the state, this section does not apply.*

Date amended small business impact statement was filed: **N/A - Emergency regulation**

CODE OF MASSACHUSETTS REGULATIONS INDEX - *List key subjects that are relevant to this regulation:*

PROMULGATION - *State the action taken by this regulation and its effect on existing provisions of the Code of Massachusetts Regulations (CMR) or repeal, replace or amend. List by CMR number:*

322 CMR 6.37(4)(c)(3)

ATTESTATION - *The regulation described herein and attached hereto is a true copy of the regulation adopted by this agency.* ATTEST:

SIGNATURE: SIGNATURE ON FILE DATE: **Jul 31 2026**

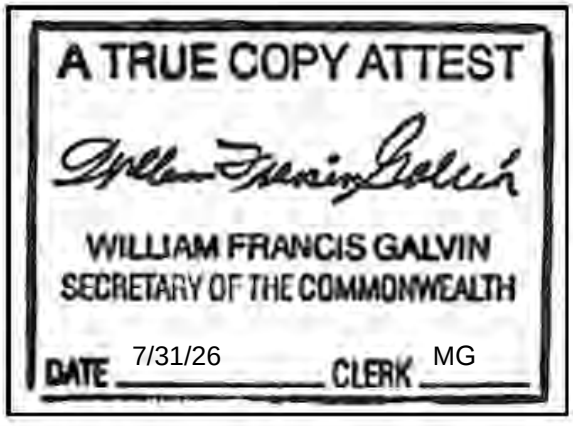
Publication - *To be completed by the regulations Division*

MASSACHUSETTS REGISTER NUMBER: **1580** DATE: **8/14/26**

EFFECTIVE DATE: **7/31/26**

CODE OF MASSACHUSETTS REGULATIONS

Remove these Pages:	*Insert these Pages:*
This is an Emergency Regulation.	**There are no Replacement Pages.**



6.37: continued

2. Commercial Catch Limits. Commercial fishers shall not retain:

a. more than 300 pounds of smooth dogfish per trip or per day, whichever is the longer period of time; or

b. any quantity of a Permitted Shark Species after the Director has announced a commercial fishery closure.

(c) Gear and Fishing Restrictions.

1. Recreational Gears. Recreational fishers may take coastal sharks only by rod and reel or handline. Recreational fishers shall use circle hooks as the terminal tackle except when fishing with flies or artificial lures. Circle hooks are required for any line that is targeting sharks by the angler on a line-to-line basis. Unless caught using flies or artificial lures, any shark caught on any hook other than a circle hook shall be released.

2. Commercial Gears. Commercial fishers may take coastal sharks in the waters under the jurisdiction of the Commonwealth by rod and reel, handlines, gillnets, trawl nets, pound nets, fish traps, and weirs. It shall be unlawful to fish for, possess on board, or land coastal sharks taken by a longline of any length.

Exemption. Vessels permitted by the NOAA Fisheries to retain, possess and land coastal sharks by longline gear may possess and land coastal sharks legally harvested by longlines in waters outside the jurisdiction of the Commonwealth, provided the gear is properly stowed onboard the vessel and the vessel transits directly through the waters under the jurisdiction of the Commonwealth for the purpose of landing the catch without stopping unless directed to do so by the Division of Law Enforcement.

3. Shore-based Shark Fishing. It shall be unlawful to conduct any shore-based shark fishing following the coast beginning at the northeasternmost point of Plymouth Beach thence southward to the Cape Cod Canal, thence eastward to Rock Harbor, Orleans, thence northward to Race Point, Provincetown, thence southward to Stage Harbor, Chatham, and including all shores of Chatham Harbor Monomoy Island, as well as along the coast of the Town of Nantucket.

4. Shore-based Chumming. From sunrise to sunset, it shall be unlawful to chum when shore-based shark fishing.

(d) Catch Disposition.

1. It shall be unlawful for:

a. any fisher to fillet sharks at sea;

b. any fisher to remove fins or tails from sharks;

c. recreational fishers to possess on board or land sharks whose heads, tails, and fins are not attached naturally to the carcass;

d. commercial fishers to possess on board or land sharks whose fins and tails are not attached naturally to the carcass.

e. In accordance with M.G.L. c. 130, § 106 it shall be unlawful for any person to possess, offer for sale, sell, trade, or otherwise distribute a shark fin, except fins that were lawfully processed by terrestrial-based seafood dealers from spiny dogfish and smooth dogfish. It shall be *prima facie* evidence of a violation should a person possess a shark fin without documentation demonstrating the lawful origin of this product from lawfully processed spiny dogfish or smooth dogfish.

Exception: Commercial fishers may cut fins as long as the fins remain attached to the carcass with at least a small portion of uncut skin.

2. Commercial fishers may eviscerate sharks and remove the heads.

3. All sharks caught incidental to fisheries directed toward other species must be released in such manner as to ensure maximum probability of survival.

(e) Authorization to Possess Prohibited Species. The Director may authorize persons to land and possess certain Prohibited Species for research or other scientific purposes. Commercial fishers who possess authorization from NOAA Fisheries to harvest certain species from federal waters may possess on board, or land those species in Massachusetts provided said fish were taken lawfully from federal waters.

(f) Dealer Measures. All dealers purchasing Atlantic Coastal Shark species from commercial fishers must obtain a federal Commercial Shark Dealer Permit from NOAA Fisheries.

6.37: continued

(5) White Shark Conservation Measures.

(a) Definitions.

Attract. To conduct any activity that lures or may lure any white shark to a person or vessel by using food, bait, chum, dyes, decoys, acoustics or any other means, excluding the mere presence of persons on the water including those persons conducting commercial or recreational fishing activity.

Capture. To forcefully gain control of a white shark. Capture includes, without limitation, the restraint or detention of a white shark or any act of intrusive research performed on a white shark. Capture shall not include the incidental catch of white sharks during the course of lawfully permitted fishing activity.

Chum. Fish, chopped fish, fish fluids or other organic materials disposed of in the water for the purpose of attracting white sharks.

Director. The Director of the Division of Marine Fisheries.

Intrusive Research. A procedure conducted for scientific research involving a break or a cut in the skin, the application or insertion of an instrument, the introduction of a foreign substance or object onto the animal's immediate environment, or a stimulus directed at animals that may affect white shark behavior.

Docket # 586

THE COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin

Secretary of the Commonwealth

Regulation Filing

To be completed by filing agency

CHAPTER NUMBER: **801 CMR 29.00**

CHAPTER TITLE: **Disaster Relief and Resiliency Fund**

AGENCY: **Executive Office for Administration and Finance**

SUMMARY OF REGULATION: *State the general requirements and purposes of this regulation.*

The regulations provide a structured, transparent, equitable, and timely framework for the administration of funds from the Disaster Relief and Resiliency Fund. The fund is designed to help alleviate damage, loss, hardship, or suffering caused by a natural or other catastrophic event and to enhance protection from the impacts of future events.

REGULATORY AUTHORITY: **M.G.L. c. 29 § 2HHHHHH**

AGENCY CONTACT: **Khushbu Webber, Deputy General Counsel** PHONE: **857-275-5873**

ADDRESS: **24 Beacon Street, Room 373, Boston MA 02108**

Compliance with M.G.L. c. 30A

EMERGENCY ADOPTION - *if this regulation is adopted as an emergency, state the nature of the emergency.*

Emergency promulgation is necessary to ensure the Commonwealth can operationalize and utilize the fund without delay in the event of a disaster. Since natural disasters and other eligible events are not predictable, the regulations must be in effect before an event occurs so the Commonwealth is able to provide timely recovery assistance.

PRIOR NOTIFICATION AND/OR APPROVAL - *If prior notification to and/or approval of the Governor, Legislature or others was required, list each notification, and/or approval and date, including notice to the Local Government Advisory Commission.*

Notice was provided to the LGAC on July 7, 2026.

PUBLIC REVIEW - *M.G.L. c. 30A sections 2 and/or 3 requires notice of the hearing or comment period, including a small business impact statement, be filed with the Secretary of the Commonwealth, published in appropriate newspapers, and sent to persons to whom specific notice must be given at least 21 days prior to such hearing or comment period.*

Date of public hearing or comment period: **August 26, 2026**

FISCAL EFFECT - *Estimate the fiscal effect of the public and private sectors.*

For the first and second year: **No fiscal effect**

For the first five years: **No fiscal effect**

No fiscal effect: **No fiscal effect**

SMALL BUSINESS IMPACT - *M.G.L. c. 30A section 5 requires each agency to file an amended small business impact statement with the Secretary of the Commonwealth prior to the adoption of a proposed regulation. If the purpose of this regulation is to set rates for the state, this section does not apply.*

Date amended small business impact statement was filed: **7/29/26**

CODE OF MASSACHUSETTS REGULATIONS INDEX - *List key subjects that are relevant to this regulation:*

Administration and Finance, Executive Office;; Emergency Response;; Disaster Relief;; Resiliency;; Massachusetts Emergency Management Agency

PROMULGATION - *State the action taken by this regulation and its effect on existing provisions of the Code of Massachusetts Regulations (CMR) or repeal, replace or amend. List by CMR number:*

801 CMR 29.00 is a new regulation that does not have any effect on existing provisions. It does not repeal, replace or amend any existing regulations.

ATTESTATION - *The regulation described herein and attached hereto is a true copy of the regulation adopted by this agency.* ATTEST:

SIGNATURE: SIGNATURE ON FILE DATE: **Jul 29 2026**

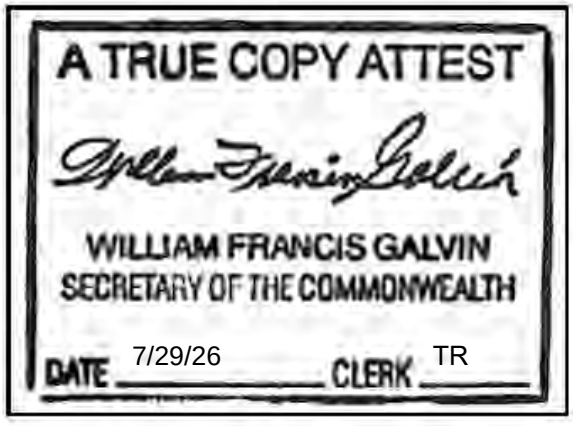
Publication - *To be completed by the regulations Division*

MASSACHUSETTS REGISTER NUMBER: **1580** DATE: **8/14/26**

EFFECTIVE DATE: **7/29/26**

CODE OF MASSACHUSETTS REGULATIONS

Remove these Pages:	*Insert these Pages:*
This is an emergency regulation.	**There are no replacement pages.**



(801 CMR 22.00 THROUGH 28.00: RESERVED)

(PAGES 161 THROUGH 190 ARE RESERVED FOR FUTURE USE.)

801 CMR 29.00: DISASTER RELIEF AND RESILIENCY FUND

Section

29.01: General Provisions

(1) Scope. 801 CMR 29.00 is promulgated pursuant to M.G.L. c. 29, § 2HHHHHH for the purpose of establishing the administration of funds from the Disaster Relief and Resiliency Fund (the Fund) and providing a structured, transparent, equitable, and timely process to deliver emergency disaster relief and alleviate the damage, loss, hardship, or suffering caused by a natural or other catastrophic event and enhancing protections from the impacts of future events.

(2) Administration. The Fund shall be administered by the Secretary of the Executive Office for Administration and Finance (A&F), in consultation with the Massachusetts Emergency Management Agency (MEMA) and, when appropriate, the Office of Climate Innovation and Resilience (OCIR), and the Executive Office of Energy and Environmental Affairs (EOEEA).

(3) Purpose. 801 CMR 29.00 establishes procedures governing activation of the Fund, eligible recipients, eligible uses of funds, damage assessment processes, prioritization criteria, and administrative procedures for the distribution of financial assistance.

29.02: Definitions

For the purposes of 801 CMR 29.00, the following terms have the following meanings:

Agricultural Operation. A commercial enterprise located within the Commonwealth that is principally and substantially engaged in production of agriculture as defined in M.G.L. c. 128, § 1A.

Business. A corporation, partnership, firm, unincorporated association or other entity engaging or proposing to engage in economic activity within the Commonwealth and any affiliate thereof which is subject to taxation under M.G.L. c. 62 or M.G.L. c. 63.

Catastrophic Event. A natural or other destructive event, including, but not limited to hurricanes, tornadoes, storms, extreme rain, flood, tidal waves, earthquakes, landslides, mudslides, wildfires, snowstorms, extreme wind, extreme temperature, explosions, catastrophic agricultural loss, fire, drought, or other events causing damage or hardship within the Commonwealth.

Fund. The Disaster Relief and Resiliency Fund established pursuant to M.G.L. c. 29, § 2HHHHHH.

Individual. An individual with established residency in the Commonwealth at least six months prior to a relevant catastrophic event.

Initial Damage Assessment (IDA). A standardized process conducted by the MEMA's Disaster Recovery Unit to assess the scope and scale of damage following a catastrophic event, as described by MEMA's Comprehensive Emergency Management Plan (CEMP) and supportive recovery plans.

29.02: continued

Municipality. Any city or town of the Commonwealth of Massachusetts.

Non-profit Organizations. A nonprofit corporation organized under M.G.L. c. 180 or otherwise recognized as tax-exempt under Internal Revenue Code 501(c)(3).

Secretary. The Secretary of the Executive Office for Administration and Finance.

29.03: Eligible Recipient Categories

The following entities are eligible for financial assistance from the Fund:

(1) Municipalities, and other units and instrumentalities of state, local, tribal, and regional government;

(2) Non-profit organizations operating within the Commonwealth;

(3) Businesses operating within the Commonwealth; and

(4) Individual residents of the Commonwealth.

29.04: Eligible Events and Triggers

(1) IDA Activation Criteria. Following a catastrophic event, MEMA shall conduct an IDA to collect preliminary information regarding damages under the following circumstances:

(a) The Governor declares a State of Emergency and requests an IDA; or

(b) A MEMA Rapid Impact Assessment Team recommends an IDA; or

(c) MEMA and A&F determine that an IDA is necessary after multiple impactful events in a similar geographic area in close time proximity; or

(d) Any two of the following conditions are met for a single event:

1. Multiple municipalities declare local states of emergency;

2. Multiple municipalities activate their local Emergency Operations Centers (EOC) and their local CEMPs;

3. Multiple municipalities submit validated resource requests electronically through MEMA's existing platform, WebEOC, or any successor platform as determined by MEMA; or

4. Multiple municipalities activate emergency staffing capabilities beyond emergency staffing of police and fire personnel.

(2) Fund Activation Criteria.

(a) Standard Activation: Following an IDA, the Secretary may activate the Fund when the following two conditions are satisfied:

1. The IDA indicates that disaster-related damages exceed a state-established per-capita impact threshold across multiple affected municipalities; and

2. At least one of the following circumstances applies:

a. Federal disaster assistance thresholds are not met, but multiple municipalities have met or exceeded the state-established per-capita impact threshold.

b. A federal disaster declaration is made, but specific impacted municipalities or counties are excluded from the declaration due to federal eligibility criteria shortfalls.

c. A federal disaster declaration request where the state-established per-capita impact threshold has been met is submitted but denied.

(b) Extraordinary Circumstances: Notwithstanding the criteria above, in extraordinary circumstances, the Governor may activate the fund pursuant to a declared State of Emergency related to a catastrophic event.

29.05: Eligible Uses of Funds and Categories

(1) General Requirements. Eligible costs shall:
(a) Result directly from the catastrophic event;
(b) Address damages located within the affected geographic area;
(c) Be the legal responsibility of the eligible recipient;
(d) Not be the result of negligence or failure of the eligible recipient to maintain property or perform specific state-recommended remediation measures;
(e) Address conditions that pose a threat to public safety, health, or the continuity of essential services;
(f) Include practicable resilience measures. The expectation that eligible recipients include practicable resiliency measures shall consider factors including, but not limited to, cost and technological feasibility and does not preclude funding for:
1. activities necessary to address conditions that pose a threat to public safety, health, or the continuity of essential services;
2. temporary stabilization measures such as temporary housing or rehousing; or
3. activities directed by the Governor pursuant to a declared State of Emergency under 801 CMR 29.04(1)(b); and
(g) Not duplicate any other sources of assistance.
Eligible uses of the Fund vary by recipient type.

(2) Municipalities and Other Units and Instrumentalities of State, Local, Tribal, or Regional Government. Eligible uses may include, but are not limited to:
(a) Debris removal necessary to eliminate immediate threats or to restore safe access;
(b) Emergency protective measures and temporary stabilization;
(c) Repair or restoration of roads, bridges, culverts, stormwater, and other water-control systems;
(d) Repair or reconstruction of damaged public or non-profit owned buildings, facilities, and building systems;
(e) Repair or replacement of essential equipment or contents required for public or nonprofit operations; and
(f) Restoration of public utilities, including but not limited to water, wastewater, septic, electrical, gas, telecommunications, and broadband.

(3) Non-profit Organizations and Businesses. Eligible uses may include, but are not limited to:
(a) Emergency stabilization and repairs necessary to secure property or prevent further damage;
(b) Restoration of utilities and essential services necessary for safety; and
(c) Repair or reconstruction of damaged operational structures and associated building systems.

(4) Agricultural Operation. Eligible uses may include, but are not limited to:
(a) Repair or replacement of damaged agricultural infrastructure;
(b) Restoration of farmland affected by flooding or other disasters;
(c) Repair of irrigation, drainage, or farm utility systems; and
(d) Replacement of essential agricultural equipment.

(5) Individuals. Eligible uses may include, but are not limited to:
(a) Emergency stabilization and repairs necessary to address unsafe or uninhabitable conditions in a primary residence;
(b) Measures to restore habitability, including septic or well repairs, mold remediation, and essential utility restoration;
(c) Repair or reconstruction of damaged residential structures and essential building systems; and
(d) Temporary housing and rehousing costs necessary due to displacement from a catastrophic event.

29.05: continued

(6) Compliance with Applicable Standards. Repairs, reconstruction, or other work supported by assistance from the Fund shall be conducted in a manner consistent with applicable federal, state, and local laws, regulations, codes, standards, and, if practicable, best management practices as identified in guidance.

29.06: Information Collection and Damage Assessment Process

(1) Eligible recipients seeking assistance must participate in MEMA's IDA process or a successor process as determined by MEMA. The IDA process will be coordinated through impacted municipalities' public communication channels. Participation must occur within 30 days following the catastrophic event, or within any other timeframe that MEMA may establish for the IDA process that is consistent with determining eligibility for federal disaster relief programs.

(2) Following completion of an IDA, MEMA shall compile damage information and provide summary findings in writing to the Secretary. The Secretary may rely on this information and other available data sources to determine eligibility and award amounts.

(3) The Secretary may further request any documentation necessary to:
(a) Verify damages and costs;
(b) Confirm eligibility, including any evidence that the eligible recipient has taken necessary steps to maintain property or perform specific state-recommended remediation measures;
(c) Ensure that assistance does not result in a duplication of benefits; or
(d) Determine whether an eligible recipient has taken reasonable steps to pursue insurance, federal disaster assistance, or other available funding.

(4) Such documentation may include, but is not limited to, independent assessments, insurance materials, transaction documentation, photographs, or other information sufficient to confirm the nature and extent of costs.

29.07: Prioritization Criteria and Award Determination

(1) The Secretary may distribute assistance through formula-based methods designed to balance the needs of eligible recipients, including by prioritizing certain recipient types or allocating funding among recipients based on program goals, available funding, or the scale of damages.

(2) The Secretary may consult with MEMA, OCIR, and EOEEA, as necessary, when applying these criteria. Specific distribution methodologies may be established through guidance issued pursuant to 801 CMR 29.00.

(3) When determining whether to provide assistance and the amount of any award, the Secretary may consider the following factors and may apply formula-based distribution methods consistent with 801 CMR 29.00.

(4) Scope and Severity of Impact. The Secretary may consider the magnitude of damage caused by the catastrophic event, including:
(a) The number of individuals affected;
(b) Extent of damage to critical infrastructure or essential services; or
(c) The extent of economic disruption to communities.

(5) Damage Category. Awards may vary based on the severity of damage experienced by a recipient. The Secretary may establish damage categories, and these categories may be used to determine flat award levels or formula-based adjustments.

29.06: continued

(6) Municipal Fiscal Capacity. In determining assistance to municipalities, the Secretary may consider the following indicators of municipal fiscal capacity, including:

(a) The level of municipal reserves relative to operating budgets;
(b) The municipality's ability to finance repairs independently; or
(c) Other indicators of fiscal stress or financial capacity.

(7) Rural Community Considerations. The Secretary may apply adjustments to support municipalities or recipients located in rural communities where:

(a) Infrastructure replacement costs may be higher relative to tax base; or
(b) Communities may have limited fiscal capacity or access to alternative funding sources.

(8) Commitment to Resilient Rebuilding. The Secretary shall prioritize a recipient's commitment to rebuilding or repairing damaged property in a manner that improves resilience to future catastrophic events by considering future projections of precipitation, sea levels, temperature, and other climate impacts.

(9) The Secretary shall require award recipients to provide an attestation indicating that, where feasible and consistent with applicable laws and standards, repairs or reconstruction funded through the program will incorporate reasonable measures to reduce vulnerability to future disasters, which may include alignment with applicable building codes, hazard mitigation strategies, or other resilience standards, guidelines or practices identified by relevant state agencies.

(10) The Secretary may adjust awards to recognize efforts to reduce future disaster risk including whether a municipality has adopted and maintained:

(a) A FEMA-approved Hazard Mitigation Plan (HMP);
(b) A Municipal Vulnerability Preparedness (MVP) plan; or
(c) Other recognized resilience or hazard mitigation plans.

(11) Agricultural Operations. For agricultural operations, the Secretary may consider factors such as:

(a) The scale of the agricultural operation;
(b) The acreage impacted by the catastrophic event;
(c) Damage to agricultural infrastructure or farmland; or
(d) Information from federal agricultural disaster programs or state agricultural agencies.

(12) Business Characteristics. For businesses, the Secretary may consider characteristics that reflect the scale or economic role of the business, such as:

(a) Whether the business qualifies as a small business under applicable U.S. Small Business Administration size standards;
(b) Number of employees;
(c) Business size or capacity; or
(d) Economic significance to the affected community.

(13) Coordination with Other Assistance. Priority may be given where eligible recipients have:

(a) Pursued available insurance claims;
(b) Applied for federal disaster assistance; or
(c) Sought other available public or private funding.

(14) The Secretary may adjust award amounts to prevent duplication of benefits.

29.08: Forms of Assistance

(1) Assistance from the Fund may be provided in the form of grants. The Secretary shall provide written notice to eligible recipients whose requests are approved, approved in part, or denied, including the amount of any award and the basis for determination.

29.08: continued

(2) To preserve capacity for future catastrophic events, no more than 25% of the Fund balance as of the first day of the fiscal year shall be expended on a single catastrophic event, unless the Secretary determines that exceeding this threshold is necessary due to extraordinary magnitude, severity, or demonstrated need.

29.09: Appeals Process

An eligible recipient that is denied assistance from the Fund, or that disputes the amount of assistance awarded, may submit an appeal to the Secretary.

(1) Appeals shall be submitted in a form and manner prescribed by the Secretary and shall state the basis for the appeal, including any additional information the eligible recipient believes is relevant to the determination.

(2) The Secretary may request additional documentation as necessary to evaluate an appeal, including materials related to damages, need, insurance claims, federal assistance determinations, or other funding sources.

(3) Appeals shall be reviewed by the Secretary, in consultation with MEMA, OCIR, or any other experts. The Secretary shall issue a written determination granting, modifying, or denying the appeal.

(4) The Secretary's determination on an appeal shall be final.

29.10: Guidance and Updates

The Secretary may issue guidance to support implementation of 801 CMR 29.00 including clarifying eligible uses, verification expectations, prioritization factors, or administrative procedures. Guidance may be updated as needed based on the nature of catastrophic events, available federal programs, or operational experience.

REGULATORY AUTHORITY

801 CMR 29.00: M.G.L. c. 29, § 2HHHHHH.

Docket # 301

THE COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin

Secretary of the Commonwealth

Regulation Filing

To be completed by filing agency

CHAPTER NUMBER: **961 CMR 2.00**

CHAPTER TITLE: **Rules and Regulations**

AGENCY: **State Lottery Commission**

SUMMARY OF REGULATION: *State the general requirements and purposes of this regulation.*

The amendments include the rules for, and authorization for the Lottery to sell through the iLottery Platform, eInstant games and two new Lottery draw games, Mass 3 and Mass 4. The amendments also authorize the Lottery to sell Megabucks and Mass Cash products via the iLottery Platform, update the introduction section to address iLottery-related revenues and prize payouts, address improper use of iLottery Player Accounts, provide procedures for claiming prizes for tickets and games purchased via the iLottery Platform, and allow the terms "scratch ticket" and "scratch game" to be used interchangeably with "instant ticket" and "instant game."

REGULATORY AUTHORITY: **M.G.L. c. 10, § 24 and M.G.L. c. 30A**

AGENCY CONTACT: **Gregory M. Polin, General Counsel** PHONE: **781-849-5515**

ADDRESS: **150 Mount Vernon Street, Suite 300, Dorchester, MA 02125**

Compliance with M.G.L. c. 30A

EMERGENCY ADOPTION - *if this regulation is adopted as an emergency, state the nature of the emergency.*

To allow for the implementation of the iLottery Platform and the offering of products thereon.

PRIOR NOTIFICATION AND/OR APPROVAL - *If prior notification to and/or approval of the Governor, Legislature or others was required, list each notification, and/or approval and date, including notice to the Local Government Advisory Commission.*

PUBLIC REVIEW - *M.G.L. c. 30A sections 2 and/or 3 requires notice of the hearing or comment period, including a small business impact statement, be filed with the Secretary of the Commonwealth, published in appropriate newspapers, and sent to persons to whom specific notice must be given at least 21 days prior to such hearing or comment period.*

Date of public hearing or comment period: _____

FISCAL EFFECT - *Estimate the fiscal effect of the public and private sectors.*

For the first and second year: **Not Available**

For the first five years: **Not Available**

No fiscal effect: **Not Available**

SMALL BUSINESS IMPACT - *M.G.L. c. 30A section 5 requires each agency to file an amended small business impact statement with the Secretary of the Commonwealth prior to the adoption of a proposed regulation. If the purpose of this regulation is to set rates for the state, this section does not apply.*

Date amended small business impact statement was filed:

CODE OF MASSACHUSETTS REGULATIONS INDEX - *List key subjects that are relevant to this regulation:*

iLottery, eInstant Games, Mass 3, Mass 4, Megabucks, Mass Cash, Lottery prizes, Instant Ticket, Instant Game, Scratch Ticket, Scratch Game

PROMULGATION - *State the action taken by this regulation and its effect on existing provisions of the Code of Massachusetts Regulations (CMR) or repeal, replace or amend. List by CMR number:*

Amendments to 961 CMR 2.00

ATTESTATION - *The regulation described herein and attached hereto is a true copy of the regulation adopted by this agency.* ATTEST:

SIGNATURE: SIGNATURE ON FILE DATE: **Jul 21 2026**

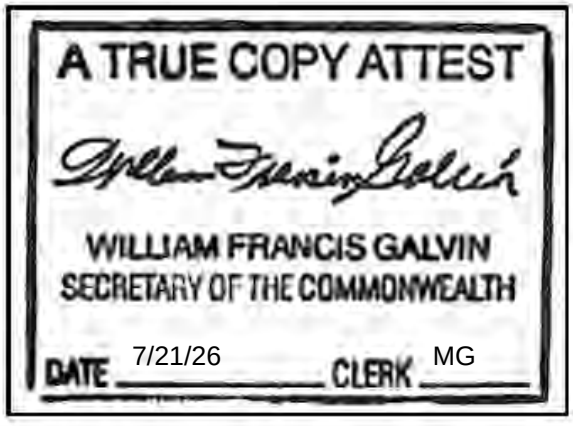
Publication - *To be completed by the regulations Division*

MASSACHUSETTS REGISTER NUMBER: **1580** DATE: **8/14/26**

EFFECTIVE DATE: **7/21/26**

CODE OF MASSACHUSETTS REGULATIONS

Remove these Pages:	*Insert these Pages:*
This is an Emergency Regulation.	**There are no Replacement Pages.**



961 CMR 2.00: RULES AND REGULATIONS

Section

Section: continued

2.01: Introduction

The Massachusetts State Lottery ("Lottery") was established by the enactment of St. 1971, c. 813. This law created a State Lottery Commission ("Commission") in the office of the State Treasurer who is Chairman of the Commission. Other members of the Commission are: the Secretary of Public Safety, the State Comptroller, and two persons appointed by the Governor for terms coterminous with that of the Governor. The Lottery directs the State Treasurer to appoint a Director of the Lottery, subject to the approval of the Governor.

Revenues derived from ticket sales from Sales Agents for the Lottery at the point of sale must be distributed as follows

(a) no less than 45% must be paid to holders of winning tickets;

(b) not more than 15% may be used for operating costs; and

(c) the balance must be distributed to the Local Aid Fund for the benefit of all the cities and towns in Massachusetts.

Revenues derived from the sale of lotteries conducted online, over the internet, through the use of a mobile application or through any other means as authorized by M.G.L. c. 10, § 24 except for those enumerated in M.G.L. c. 10, § 25(a) will be distributed as follows:

(a) payment of prizes to the holders of winning tickets or shares;

(b) not more than 5% of the total revenues accruing from the online sale of lottery tickets or shares may be used for operation and administration costs; and

(c) the balance must be distributed to the Early Education and Care Operational Grand Fund.

For prizes of games sold through both channels that are $601.00 or more, the prize payout for a winning ticket shall be distributed proportionately based on the percentage of sales from revenue collected at retail locations by sales agents, as set forth in M.G.L. c. 10, § 25(a), and from revenue collected online, as set forth in M.G.L. c. 10, § 25(b), for the applicable draw period. The balance to be distributed to aid cities and towns in Massachusetts and to the Early Education and Care Operation Grant Fund respectively under M.G.L. c. 10, §§ 25(a) and (b) shall be proportional to the revenues collected under each Section.

For prizes that are less than $601.00, 100% of the prize payout shall be distributed based upon whether the winning ticket was bought at a retail location or online. If the winning ticket is bought online, then 100% of the prize payout will come from revenues collected online, as set forth in M.G.L. c. 10, § 25(b). If the winning ticket is bought at a retail location, then 100% of the prize payout will come from revenues collected at retail locations, as set forth in M.G.L. c. 10, § 25(a).

Additional rules detailing the calculation of balances identified in M.G.L. c. 10, §§ 25(a) and (b) may be set by the Director in an Administrative Bulletin.

961 CMR 2.00 has been enacted pursuant to and under the authority of M.G.L. c. 30A and M.G.L. c. 10, § 24.

2.02: General Regulations

961 CMR 2.00 is established by the Massachusetts State Lottery Commission to define and regulate the operation and administration of the Massachusetts State Lottery. In addition to 961 CMR 2.00, rules for specific games, drawings or other matters may be found in Administrative Bulletins periodically issued by the Director.

2.03: Definitions

Act or Law means M.G.L. c. 10, §§ 22 through 35 and § 36.

Administrative Bulletin means a set of rules or guidelines issued by the Director for the purpose of detailing the rules, procedures or specific details of games and/or drawings and other matters that may arise from time to time in the course of business.

Bank means and includes all banks, banking associations, cooperative banks, credit unions, trust companies and any other type or form of banking institution organized under the authority of the Commonwealth of Massachusetts or the United States of America whose principal place of business is within the Commonwealth of Massachusetts and is designated to perform such functions, activities, or service in connection with the operations of the Lottery for the deposit and handling of Lottery funds.

Claims Center, Claim Center or Office means any place designated by the Lottery where the holder or his or her representative may file a claim upon a paper form supplied by the Lottery for payment or acknowledgment of a Lottery prize and the submission of the winning ticket.

NON-TEXT PAGE

2.03: continued

Commission means a board of five members consisting of the State Treasurer, Secretary of Public Safety or his or her designee, the State Comptroller, or his or her designee, and two persons appointed by the Governor with the powers and authority to conduct a state Lottery as conferred by law.

Digitally Created Barcode means a machine-readable code which may include, but is not limited to, a quick response (QR) code, that is approved by the Lottery in its sole discretion and accepted by the On-line System.

Director means the Director of the Massachusetts State Lottery. Any reference to powers and duties of the Director also means the Director's authorized designee.

Gift Certificate means a document printed in fixed dollar amount redeemable for Lottery products.

High-frequency Prize Winner means a person, as defined in 961 CMR 2.03, who submits at least 20 claims for Lottery prizes, each with a value of at least $1,000.00, within any period of 365 days.

Instant/Pull Tab Ticket means a Lottery ticket issued by the State Lottery. Any reference herein to instant, instant ticket, or instant game shall have the same meaning as, and may be used interchangeably with, scratch, scratch ticket or scratch game respectively.

Lottery or State Lottery means the Lottery established and operated pursuant to M.G.L. c. 10, §§ 22 through 35 and § 36.

Lottery Online and/or Digital Property means one or more websites, mobile applications, or other on-line and/or digital services established by the Lottery.

Mobile Claim means a claim submitted through a Lottery Online and/or Digital Property in accordance with the Mobile Claim Process.

Mobile Claim Process means the terms, conditions, and requirements set, by the Director in his or her discretion for the submission and processing of Mobile Claims, which shall require, at a minimum, the claimant to submit sufficient claim and winning ticket information as determined by the Director, and which includes, but is not limited to, the claimant to have a registered player account for Mobile Claims, as defined by the Lottery to be valid, the claimant's digital signature, and the submission of barcode(s) for a valid ticket to be automatically verified against the Lottery's computer gaming system for eligibility.

On-line System means the Lottery's On-line Computer Wagering System consisting of ticket issuing terminals, central processing equipment and a communications network.

On-line Instant Ticket Cashing means a procedure by which Sales Agents are required, as a prerequisite to cashing, to validate instant tickets *via* an on-line bar code scanner.

On-line Ticket means a ticket produced on official paper stock in an authorized manner from the Lottery's on-line computer system.

Person means and includes any individual, association, corporation, club, trust, estate, society, company, joint stock company, receiver, trustee, designee, referee, executor, administrator, commissioner, charitable institution, fraternal organization, guardian, custodian, any legal entity created by law, all natural individuals in all capacities whether appointed by a court or otherwise and any other combination of individuals or legal entities. Person shall also be construed to mean and include all departments, commission, agencies, and instrumentalities of the Commonwealth of Massachusetts, including counties and municipalities, agencies, and instrumentalities thereof.

Prize means any award, financial or otherwise, awarded by the State Lottery.

2.03: continued

Prize Winner means the individual who represents him or herself to be the winner of a single prize or one or more individuals who represent themselves as winners of a portion of a single prize as identified on Internal Revenue Service Form 5754 at the time the claim is filed and reported as such to the Internal Revenue Service and the Department of Revenue.

Promotions means limited time marketing initiatives to promote the Lottery and its products, which may include special offers.

Remote Ticket Cashing Service means a function provided by the Lottery through the Lottery Online and/or Digital Properties which is designated to allow users to file Mobile Claims of eligible Lottery tickets, and transfer awarded prize winnings to a bank account pursuant to the Mobile Claims Process.

Sales Agent means a person who has been licensed to sell Lottery tickets or register bets on behalf of the player under M.G.L. c. 10, §§ 22 through 36.

Trust Account means a designated dedicated bank account for the receipt of Lottery proceeds.

Quic Pic or Quick Pick means a player option in which number selections are determined at random by computer software.

2.04: Lottery Director

The Director of the Massachusetts State Lottery shall supervise and administer the operation of the Lottery pursuant to M.G.L. c. 10, § 26.

2.05: Licensed Sales Agents

The Director shall license as Sales Agents such persons who, in his or her opinion, will best serve the public interest and convenience and promote the sale of tickets. Said Sales Agents must enter into a Lottery Sales Agent Agreement, on a form approved by the Director, permitting them to sell such tickets or shares as in the Director's opinion will promote the best interests of the Commission and produce maximum revenue, but a Sales Agent need not be permitted to sell all the Lottery games operated by the Commission. Each Licensed Sales Agent may be required to provide a list of guarantors who agree to be personally liable for any and all debts incurred by the Licensed Sales Agent.

2.06: Intervals and Ticket Amounts

Lottery tickets may be initiated in such amounts and at such intervals as may be determined in the discretion of the Commission or Director.

2.07: Erroneous or Mutilated Tickets

Lottery tickets erroneously printed, defective in any way, or mutilated when received by Sales Agent are to be returned by the Sales Agent immediately to the Lottery. Credit may be allowed for said tickets. Each ticket, to obtain credit or to claim a prize, must contain with legible certainty the Lottery number or winning symbols, serial number, and, if applicable, the drawing date. Unless the Director determines that a mutilated Lottery or otherwise defective or invalid ticket is genuine, no credit or prize will be issued to the holder of said ticket.

2.08: Lottery Sales Agents Application, Sales Agent Update and License

(1) Application.

(a) Any person may apply for a license to sell Lottery tickets as a Sales Agent by first filing with the Director an application on a form approved by the Director, said form to be signed under the pains and penalties of perjury, together with any supplements thereto.

2.52: continued

a. Use an implement acceptable to the Lottery to mark the slip

b. Place no more than one mark (—) in any column

c. Place a mark (—) in at least one column under each of the sections labeled PICK YOUR NUMBER, MARK YOUR BET(S), CHOOSE NUMBER OF DRAWS and SELECT TIME OF DRAW

d. Choose the number he or she wishes to play using the section of the slip labeled PICK YOUR NUMBER and mark an "—" in one or more of the columns to reflect his number choice.

e. Indicate the specific bets he or she wishes to make using the section labeled MARK YOUR BET(S); mark an "—" in the box corresponding to the money amount he wishes to wager for each specific bet type shown in the column he or she wishes to wager for each specific bet type shown in the column headings; mark as many Bet Selection columns as he or she desires to play. If a bettor wishes to bet amounts other than or in addition to those shown, he or she must use additional bet slips.

f. Choose the number of draw(s) he or she wishes his or her bet to be active by using the section column labeled "CHOOSE NUMBER OF DRAWS" and mark an "—" in the box corresponding to that number. Active days per week are Monday through Sunday (seven days). All bet selections made on the same slip will be active for the number of draw(s) specified. If a bettor desires to make multiple bet selections and have them active for a different number of draws, he or she must use separate slips. A bettor must make an entry in CHOOSE NUMBER OF DRAWS section even if his/her play is for one draw only.

g. Select the draw times he or she wishes his or her bet to be active by using the section labeled “SELECT TIME OF DRAW” and mark an “—“ in the box corresponding to the time of day desired. Drawing times are mid-day and evening seven days a week. If a bettor selects mid-day, the bet will be valid for mid-day drawings only for the number of draws selected. If a bettor selects evening, the bet will be valid for evening drawings only for the number of draws selected. If a bettor selects both, the bet will be valid for both mid-day and evening drawings for the number of draws selected, commencing with the draw after the bet is placed. If a bettor desires to make multiple bet selections and have them active for a different number of draws, he or she must use separate slips. A bettor must make an entry in SELECT TIME OF DRAW section even if his or her play is for one draw only.

2. Only official bet slips issued by the Lottery may be used to place bets.

3. Bet slips shall have no pecuniary or prize value, or constitute evidence of purchase or number selections.

(d) A bet may be canceled on the day it is placed prior to the close of betting for the selection of the winning number on the draw of the bet by using the cancellation procedure at the betting terminal. Bettors shall be entitled to a full refund of their bet upon cancellation and in no event shall a canceled ticket be entitled to a prize.

(e) Bets may be placed with any Lottery Numbers Game agent operating a terminal or at any Lottery operated facility accepting Numbers Game bets.

(f) Bets may be placed at any time during the day at such time or times as will be determined by the Director, but all bets must be placed and accepted by the Lottery computer prior to the close of betting for the selection of the winning number on the draw(s) for the bet or bets. In the event that a bet is placed subsequent to the drawing of the winning number, that bet shall be void and the Lottery's liability shall be limited to a refund of the amount of the bet.

(g) The bet as represented by the ticket produced by the computer terminal is the only bet on which a prize may be claimed. Bettors are cautioned to examine their bet ticket at the time it is issued prior to the appropriate number selection in order to ensure that the ticket accurately represents the correct number selection, bet selection, effective day or days, the correct drawing time(s) and purchase price.

(h) In the event that the Sales Agent or the computer terminal errs when the bet is placed, it shall be the responsibility of the bettor to determine that an error has been made and to request cancellation (provided betting for the draw has not closed) of the bet and the return of the purchase price. The Lottery shall not be liable for the payment of a prize because of Sales Agent or computer terminal error when the bet is placed.

2.52: continued

(i) The Lottery shall not be liable for the payment of a prize in the event that the bet is canceled intentionally or through inadvertence of the Sales Agent.

(j) It shall be the responsibility of the person who collects the prize to make certain that he or she is receiving the correct sum of prize money. The Lottery shall not be liable for any underpayment except that the Director in his or her discretion may direct that an additional prize payment be made in order to correct an obvious mistake.

(3) Betting Tickets.

(a) The betting ticket is a bearer instrument until a Mobile Claim is submitted, or if no valid Mobile Claim is submitted, then until signed by owner and prize may be claimed by anyone in possession of unsigned winning ticket if no valid Mobile Claim has been submitted.

(b) Sales Agents may pay claims up to and including the sum of $600.00. Any claim of more than $600.00 shall be made on a claim form supplied by the Lottery at all Sales Agent locations or pursuant to the Mobile Claim Process. The procedure to be followed for claims in excess of $600 and 961 CMR 2.00 governing each procedure shall be pursuant to 961 CMR 2.38.

(4) Lost, Mislaid or Stolen Numbers Game Tickets. The Lottery Commission may pay a prize to the holder of a Numbers Game ticket and the payment of such prize shall absolve the Commission of any further liability with respect to such ticket. In determining whether a prize has been paid on a Numbers Game Ticket, the Commission may rely solely upon its computer records in determining whether or not a particular prize has been paid and the status as determined by the Lottery's computer shall be binding on the holder. In the event of a lost, stolen or mislaid ticket, the Director may order an investigation, and if he or she is satisfied that the claimant in fact is the owner of the lost, stolen or mislaid ticket and it has not otherwise been paid, he or she may in his or her discretion pay the prize to the claimant thereof. All payments of prizes on lost, stolen or mislaid tickets shall not be made for a period of 90 days in the case of a prize of $200.00 or less and shall not be made for one year if the prize exceeds $200.00, unless the Director in his or her discretion shall decide otherwise.

(5) Sales Agents. Sales Agents are required to pay to the Lottery all sums due on the date established for payment. Failure to make payment when due or upon notice from the custodial bank that funds are not available will result in the immediate shut down of that Sales Agent's terminal and the Sales Agent's license to sell the Numbers Game and/or any other Lottery game shall be subject to revocation, suspension or nonrenewal pursuant to the provisions of 961 CMR 2.13.

(6) Payoffs. Prizes will be paid on a pari-mutuel basis in such amounts and in accordance with such formulae as may be established by the Director by Administrative Bulletin. The Director may by Administrative Bulletin establish minimum prizes, rules for rounding payments to the nearest dollar or otherwise, rules for subtracting overpayments from a pool from subsequent pools and adding underpayments from a pool to subsequent pools, and such other matters as may be necessary or desirable for the proper operation of the game.

(7) Multiplier Feature. The Massachusetts State Lottery Commission may offer a multiplier feature, which may be known by an associated trade name, for the Numbers Game. This is a feature by which a bettor, for an additional wager, may increase the pari-mutuel prize amount by a factor depending upon a multiplier number that is drawn prior to the Numbers drawing. Rules regarding the multiplier feature shall be set by the Director in an Administrative Bulletin governing the game.

(8) All other provisions of 961 CMR 2.00 shall, if applicable, apply to the On-line Numbers Game System.

2.53: On-line Number Selection Game – MEGABUCKS

As of November 12, 2023, MEGABUCKS DOUBLER shall be known as the trade name MEGABUCKS.

(1) Valid Bet. Except as otherwise provided in 961 CMR 2.53(1), a valid bet on MEGABUCKS using the On-line System shall be a bet which is:

2.53: continued

(9) Season Tickets.

(a) Season Tickets may be sold by the Massachusetts State Lottery Commission and by licensed Sales Agents operating on-line terminals and off-line by Season Ticket application.

(b) Season Tickets will be sold in the following manner:

1. Plan "A" - 52 consecutive drawings sold for the price of $50.00.
2. Plan "B" - 104 consecutive drawings sold for the price of $100.00.
3. Plan "C" - 26 consecutive drawings sold for the price of $25.00.

(c) The Director reserves the right to adjust both price and number of drawings as defined in 961 CMR 2.53(9)(b).

(d) Season Tickets become effective and eligible to win a prize starting with the effective date printed on the ticket. Season Tickets are not effective on the date of purchase.

(e) Based upon the Plan selected as defined in 961 CMR 2.53(9)(b), Season Tickets, unless renewed, automatically expire at the end of 52, 104 or 26 drawings. If, upon renewal, the customer requests a change in any or all of the six numbers to be played, his/her renewal application shall be treated as a new ticket rather than a renewal and the effective date of said new ticket will be the expiration date of the previous ticket. Renewal applications received after the time period specified upon the renewal form may be assigned a new effective date.

(f) Purchasers of Season Tickets shall select the six numbers he/she wishes to appear on the Season Ticket. Said purchasers are cautioned to examine his/her ticket upon purchase and prior to its effective date to assure the numbers printed represent the numbers desired. The Lottery will only be liable for the payment of a prize based upon the numbers as they appear on the Season Ticket and registered on the Lottery's Computer. In the event of a conflict, the numbers as registered on the Computer shall control.

(g) Purchasers of Season Tickets may elect to use the "quic pic" feature for the selection of his/her six numbers. The six numbers will be randomly selected by the Lottery Computer and printed on the Season Ticket. (The Lottery will only be liable for the payment of a prize based upon the numbers as they appear of the Season Ticket and registered on the Lottery's Computer. In the event of a conflict, the numbers as registered on the Computer shall control.)

(h) In the event the Lottery receives a Season Ticket application with less than six numbers selected by the applicant, the Lottery may randomly select all or any of those omitted numbers to assure each application contains six numbers.

(i) In the event the Lottery receives a Season Ticket application with seven or more numbers selected, the Lottery may randomly delete one or more of the numbers selected in order to obtain a valid six number ticket.

(j) The owner of a Season Ticket purchased through the On-line System must register his/her name with the Lottery on a form provided with the purchase of the ticket if prizes are to be paid automatically and renewal information to be sent.

(k) When more than one name appears on the application or registration form, the Lottery may select the first name listed and designate him/her as agent for collection. In the event the ticket wins a prize, it will be the responsibility of the recorded agent to make known to the Lottery, Internal Revenue Service, and the Department of Revenue, the name, social security number and proportionate share of each of the winners.

(l) A MEGABUCKS Season Ticket purchased through an off-line application is not effective until it is registered on the Lottery's computer and a Season Ticket issued to the applicant regardless of whether or not payment for such ticket has been accepted by the Commission prior to such registration or otherwise.

(m) The Director may change the field of numbers from which winning numbers will be selected to a number greater or less than the field available at the time the Season Ticket is purchased. In the event the field is enlarged, a Season Ticket holder may request in writing at least four weeks before the effective date of such change that his/her number selection be changed; provided, however, this option shall be limited to changing one or more numbers from the field of numbers in existence at the time the ticket was purchased to one or more of the numbers added to that field. In the event the field is decreased and one or more of the numbers selected at the time the tickets was purchased is eliminated from the field of available numbers, the holder may request, in writing, that the numbers so eliminated be replaced by one or more numbers from the field of numbers remaining after said decrease. In the event the holder fails to exercise this option at least four weeks prior to the effective date of such change, the Lottery may randomly select new numbers on the holders behalf in accordance with the limitations contained in 961 CMR 2.53(9)(m).

2.53: continued

(n) In the event the Commission cancels the operation of MEGABUCKS, the amount paid for drawings so canceled shall be refunded to the registered holder and said refund shall constitute the Commission's sole obligation to the holders of MEGABUCKS Season Tickets in the event of said cancellation.

(o) All other provisions of 961 CMR shall, if applicable, apply to the Season Ticket MEGABUCKS.

(10) Multiplier Feature. The Massachusetts State Lottery Commission may offer a multiplier feature, which may be known by an associated trade name, for the MEGABUCKS Game. This is a feature by which a bettor, for an additional wager, may increase the prize amount for non-jackpot prize levels by a factor depending upon a multiplier number that is drawn prior to the MEGABUCKS drawing. Rules regarding the multiplier feature shall be set by the Director in an Administrative Bulletin governing the game.

(11) Notwithstanding the foregoing, bets may be placed by the player via the iLottery Platform pursuant to the applicable provisions of 961 CMR 2.53 as determined by the Director and pursuant to the terms and conditions of the iLottery Platform, as set forth in 961 CMR 2.69.

(12) Miscellaneous. All other provisions of 961 CMR shall, if applicable, apply to the On-line Number Selection Game – MEGABUCKS.

2.54: On-line Semi-weekly Number Selection Game – MASS MILLIONS

(1) Valid Bet. Except as otherwise provided in 961 CMR 2.54(1), a valid bet on MASS MILLIONS using the On-line System shall be a bet which is:

(a) Placed with and accepted by a Sales Agent licensed to sell MASS MILLIONS or by a Lottery facility specifically designated for the purpose.

(b) Paid for in full at the time and place the bet is placed.

(c) Recorded correctly on a computer generated ticket in accordance with these rules.

(d) Represented by a ticket generated by a Lottery computer terminal. The ticket must contain the following information:

1. The numbers selected
2. The number of draws played
3. The date(s) of the drawing for which the bet is eligible
4. The amount wagered
5. A terminal identification number
6. An 18-digit ticket serial number
7. A machine readable (Bar Code) ticket serial number.
8. A verifiable numeric representation of the information contained on the ticket consistent with the information contained in the Lottery's computer records.

(e) Accepted by the Lottery Computer prior to the drawing of the winning numbers on the drawing date shown on the ticket.

(f) In the event of a contradiction between information as printed on the ticket and as accepted by the Lottery Computer, the bet accepted by the Lottery Computer shall be the valid bet.

(2) Placing Bets.

(a) Bets may be placed by the bettor orally instructing the Sales Agent of his/her number selections or requesting a "quic pic" and the Sales Agent then registering the bet via the terminal keyboard or by preparing a betting slip which is then entered into the terminal. Betting slips shall be prepared as follows:

1. Pick six numbers by marking a "|" in each of the six boxes containing the numbers selected by the bettor. "|" marks must remain inside each box. Bettor must use either pencil or blue ballpoint pen.
2. Only official bet slips issued by the Lottery and hand marked by the bettor(s) may be used to place bets. The use of mechanical, electronic, computer generated or any other method of marking betting slips is prohibited.
3. Bet slips shall have no pecuniary or prize value, or constitute evidence of purchase or number selections.

2.54: continued

(b) The terminal must generate a ticket as described in 961 CMR 2.54(1)(d) which is given to the bettor as his/her receipt.

(c) Bets cannot be canceled by the sales agent. Sales agents shall be liable for the price of all MASS MILLIONS tickets sold and accepted by the Lottery Computer as a valid bet. A bettor's refusal to pay for such a bet shall not relieve the sales agent from responsibility for payment of the price of that bet; except, at the sole discretion of the Director, sales agents may subsequently be given credit for bets so placed and not paid for by the bettor.

(d) Bets may be placed with any Sales Agent operating a terminal or at any Lottery operated facility accepting MASS MILLIONS bets.

(e) Bets may be placed at any time during the day at such time or times as determined by the Director, but all bets must be placed and accepted by the Lottery computer prior to the drawing of the winning numbers on the drawing date shown on the ticket.

NON-TEXT PAGE

2.55: continued

the claimant in fact is the owner of the lost, stolen, or mislaid ticket and it has not otherwise been paid, he or she may in his or her discretion pay the prize to the claimant thereof. All payments of prizes on lost, stolen, or mislaid tickets shall not be made for a period of 90 days in the case of a prize of $200.00 or less and shall not be made for one year if the prize exceeds $200.00, unless the Director in his or her discretion shall decide otherwise.

(5) Sales Agents. Sales Agents are required to pay to the Lottery all sums due on the date established for payment. Failure to make payment when due or upon notice from the custodial bank that funds are not available will result in the immediate shut down of the Sales Agent's terminal and the Sales Agent's license to sell the MASS CASH Game and/or any other Lottery game shall be subject to revocation, suspension or non-renewal pursuant to the provisions of 961 CMR 2.13.

(6) Prizes. All prize amounts shall be set by the Director by Administrative Bulletin. The Administrative Bulletin shall detail the total field of numbers to choose from, establish rules for rounding payments to the nearest dollar or otherwise, establish rules for subtracting overpayments from a pool from subsequent pools, and other such matters as may be necessary or desirable for the proper operation of the game.

All prizes will be paid in full (less required tax withholdings) at the time the claim is made and properly validated.

(8) Liability. The liability, whether by negligence or otherwise, of the Lottery and its licensed Sales Agents for invalid bets is limited to a refund of the amount wagered.

(9) Multiplier Feature. The Massachusetts State Lottery Commission may offer a multiplier feature, which may be known by an associated trade name, for the Mass Cash Game. This is a feature by which a bettor, for an additional wager, may increase the prize amount for all prize levels by a factor depending upon a multiplier number that is drawn prior to the Mass Cash drawing. Rules regarding the multiplier feature shall be set by the Director in an Administrative Bulletin governing the game.

(10) Notwithstanding the foregoing, bets may be placed by the player *via* the iLottery Platform pursuant to the applicable provisions of 961 CMR 2.55 as determined by the Director and pursuant to the terms and conditions of the iLottery Platform, as set forth in 961 CMR 2.69.

2.56: Pull Tab Tickets

(1) Definitions.

Deal. Each separate package, or series of packages, consisting of one game of pull tab tickets with the same serial number purchased from a distributor through the Lottery.

NON-TEXT PAGE

2.56: continued

Dispenser. A plastic cube or container from which pull tab tickets are sold.

Distributor. A person, company or organization authorized by the Lottery to sell pull tab tickets, containers, dispensers, or trinkets to licensed pull tab ticket sales agents.

Flare. A display card posted in the premises of a pull tab ticket sales agent that provides the prize structure of a particular game of pull tab tickets being sold at that time.

Lottery. Massachusetts State Lottery Commission.

Pull Tab Ticket means a single fold or banded ticket with a face covered to conceal one or more numbers or symbols.

Vending Machine. A coin or paper bill operated mechanism by which pull tab tickets may be sold.

(2) Game Rules.

(a) An organization desiring to obtain a license to sell Pull Tab tickets must make application to the Lottery on the form provided by Lottery, and be authorized by the Director to be licensed to sell Pull Tab tickets.

(b) Sales Agent must prominently display its license on the premises in a conspicuous location so that it can be observed by the players and/or patrons of the establishment.

(c) Flare cards listing all prize denominations of $25.00 or more for each deal or game being sold at that time, must be displayed in the immediate vicinity of the game tickets where it can be clearly observed by the players.

(d) Sales agents shall not pay a prize until the ticket has been verified as a winning ticket.

(e) Sales agents must mark the flare card after each prize listed on said flare card is claimed.

(f) The flare must be marked by crossing out the prize claimed so that the mark is clearly visible to the players.

(g) Validation of Pull Tab Tickets. A pull tab ticket is not valid if it fails to meet any of the following requirements:

1. The ticket must have been issued by the Lottery or its approved distributor(s) in an authorized manner.
2. The ticket must not be altered, unreadable, reconstructed or tampered with in any manner.
3. The ticket must be complete and not blank, or partially blank, miscut, misregistered, defective or printed in error.
4. The ticket must have exactly the play symbols and captions specified in the specific game rules.
5. The ticket must pass all validation tests.

Invalid tickets are void and not eligible to win any prize.

(h) Under no circumstances may a prize payout be made for a lost or unredeemed ticket.

(i) The sales agent shall be responsible for the proper conduct of the games.

(j) The sales agent must maintain, on the premises, a copy of the distributor's invoice for each pull tab deal on the premises.

(k) All winning tickets must be claimed immediately at the place of sale. Any ticket that leaves the premises where sold may be deemed an invalid ticket.

(l) Sales agents shall not have on the licensed premises any pull tab tickets that have not been issued by the Lottery or its approved distributor(s).

(m) Sales agents are not required to sell an entire deal. Sales agents may pull a game at any time he/she desires after giving his or her customers a reasonable time to claim winning tickets.

(n) Sales agents are prohibited from commingling games. Sales agents must sell out or discontinue a game by removing the unsold tickets from the dispenser or vending machine prior to the introduction of a subsequent game.

(o) Prior to the sale, of a portion of or the entire deal, the pull tab tickets in the deal must be placed in the container and stirred thoroughly.

(p) Pull tab tickets can only be sold on the licensed premises.

(q) Winning pull tab tickets must be prominently marked, defaced or punched to invalidate it in an area on the face of the ticket other than that which determines it is a winner.

2.56: continued

(r) Sales agents are responsible for the destruction and disposal of all unsold tickets that have been pulled from sale.
(s) Pull tab tickets must be sold for the price on the face of the ticket.
(t) The suspension or revocation of the sales agent's pouring or liquor license shall be grounds for the denial of a sales agent's pull tab license or suspension or revocation of a sales agent's pull tab license.
(u) Pull tab tickets may only be sold from dispensers or vending machines that have been approved by the Lottery.
(v) Promotional items, trinkets, displays, advertisements are subject to the approval of the Lottery.
(w) All other provisions of the 961 CMR, if applicable, apply to the Pull Tab Tickets Games.

2.57: Gift Certificates

The Director is hereby authorized to issue Gift Certificates redeemable at all Lottery Offices and Licensed Sales Agents in accordance with 961 CMR 2.57(1) through (3).

(1) Gift Certificates will be printed in denominations to be determined by the Director.

(2) Gift Certificates shall have imprinted thereon a unique serial number and seal of the Commonwealth of Massachusetts.

(3) Redemption of Gift Certificates
(a) Gift Certificates are bearer instruments and may be redeemed by the holder of the certificate.
(b) Gift Certificates must be redeemed for the total dollar value when presented for redemption.
(c) Customers presenting Gift Certificates for redemption must be 18 years of age or older.
(d) Sales Agents are required to redeem Gift Certificates presented to them from a customer and account for them in accordance with the direction of the Director or his or her designee.
(e) Gift Certificates are void after the expiration date printed thereon.
(f) All other provisions of the 961 CMR, shall, if applicable, apply to the issuance and redemption of Gift Certificates.

2.58: On-line Number Selection Game – KENO

Definitions.

Consecutive Draws. The number of successive KENO draws (*i.e.* 2, 3, 4, 5, 10, 20) for which a player may make a selection on a single KENO ticket.

KENO or Keno. An on-line Lottery game in which a player selects from one to twelve numbers from a field of 80 numbers. The Lottery randomly selects 20 numbers from the same field of 80 numbers. Depending on the quantity of numbers matched and validation of the ticket, the player may win a prize.

Quic Pic. A function that allows an on-line terminal to automatically and randomly select KENO numbers for a player.

Replacement Ticket. The ticket issued to replace a consecutive draw ticket that is validated prior to the last game on the ticket.

Spots. The quantity of numbers (from one to 12) a player may play per game.

Winning Numbers. The 20 numbers between one and 80 randomly selected from each drawing.

(1) Valid Bet. Except as otherwise provided herein, a valid bet on KENO using the On-line System shall be a bet which is:

2.58: continued

(a) Placed with and accepted by a Sales Agent licensed to sell KENO or by a Lottery Facility specifically designated for the purpose.
(b) Paid for in full at the time the bet is placed.
(c) Recorded correctly on a computer generated ticket in accordance with 961 CMR 2.58.
(d) Represented by a ticket generated by a Lottery computer terminal. The ticket must contain the following information:

1. The number of spots;
2. The amount wagered per draw;
3. The numbers selected;
4. The date of sale;
5. The number of draws played;
6. The specific game number(s) for which the bet is eligible;
7. The price of the ticket;
8. A terminal identification number;
9. An 18-digit ticket serial number;
10. A machine readable (Bar Code) ticket serial number; and
11. A verifiable numeric representation of the information contained on the ticket consistent with the information contained in the Lottery's computer records.

(e) Accepted by the Lottery Computer prior to the drawing of the winning numbers for the drawing(s) shown on the ticket.
(f) In the event of a contradiction between information as printed on the ticket and as accepted by the Lottery Computer, the bet accepted by the Lottery Computer shall be the valid bet.

(2) Placing Bets.
(a) Bets may be placed by the bettor orally instructing the Lottery Sales Agent of his or her number selections and the Sales Agent then registering the bet *via* the terminal keyboard, or by orally instructing the Lottery Sales Agent to use the "quic pic" feature by which the on-line computer system randomly selects the numbers.
(b) Bets may be placed by preparing a Digitally Created Barcode which is scanned into the terminal in a manner approved by the Director. A Digitally Created Barcode shall have no pecuniary or prize value, or constitute evidence of purchase or number selections.
(c) Bets may be placed by preparing a bet slip which is then entered into the terminal in a manner approved by the Director. Bet slips shall be prepared as follows:

1. Select the desired quantity of numbers (spots) from one to 12.
2. Select the desired amount to be wagered for each game.
3. Select the number of games.
4. Select the specific number selection or mark the "quic pic" box and the Lottery will randomly select the numbers.
5. Only official bet slips issued by the Lottery may be used to place bets.
6. Bet slips shall have no pecuniary or prize value, or constitute evidence of purchase or number selections.

(d) The terminal must generate a ticket as described in 961 CMR 2.58(1)(d) which is given to the bettor as his or her receipt.
(e) A single drawing bet may be canceled on the day it is placed prior to the selection of the winning numbers for the game for which the bet is eligible. A consecutive drawing bet may be canceled on the day it is placed prior to the selection of the winning numbers for the first game for which the bet is eligible. Consecutive drawing bets cannot be canceled after the first game for which the bet is eligible takes place.
(f) A bet must be canceled at the on-line terminal in which the bet was placed. Bettors shall be entitled to a full refund of their bet upon cancellation and in no event shall a canceled ticket be entitled to a prize.
(g) Bets may be placed with any Sales Agent authorized to accept KENO bets or at any Lottery operated facility accepting Keno bets.
(h) Bets may be placed at any time during the day at such time or times as determined by the Director, but all bets must be placed and accepted by the Lottery computer prior to the drawing on the winning numbers for the specific drawings shown on the ticket.
(i) The bet as represented by the ticket produced by the computer terminal is the only bet on which a prize may be claimed. Bettors are cautioned to examine their bet ticket at the time it is issued and prior to the drawing of the winning numbers in order to ensure that the ticket accurately represents the correct number selections, date of bet, amount wagered, and the drawings for which it is eligible.

2.58: continued

(j) In the event that the Sales Agent or computer terminal errs when the bet is placed, it shall be the responsibility of the bettor to determine that an error has been made and to request a new ticket be issued by the Sales Agent (provided betting for that drawing has not closed) or return of the purchase prize.

(k) The Lottery shall not be liable for the payment of a prize in the event the bet is canceled intentionally or through inadvertence of the Sales Agent.

(l) It shall be the responsibility of the person who collects the prize to make certain that he or she is receiving the correct sum of prize money. The Lottery shall not be liable for any underpayment, except that the Director in his or her discretion may direct that an additional prize payment is made in order to correct an obvious mistake.

(3) Betting Tickets.

(a) The betting ticket is a bearer instrument until a Mobile Claim is submitted, and if no valid Mobile Claim is submitted, then until signed by the owner and a prize may be claimed by anyone in possession of an unsigned winning ticket if no valid Mobile Claim has been submitted.

(b) Keno Sales Agents may pay claims up to and including the sum of $600.00. Any claim of more than $600.00 shall be made on a claim form supplied by the Lottery at all Sales Agent locations or pursuant to the Mobile Claim Process. The procedure to be followed for claims of more than $600.00 and the rules and regulations governing each procedure shall be pursuant to 961 CMR 2.38.

(c) No more than one prize shall be paid on each bet placed.

(4) Lost, Mislaid or Stolen KENO Game Ticket. The Lottery Commission may pay a prize to the holder of a KENO game ticket and the payment of such prize shall absolve the Commission of any further liability with respect to such ticket. In determining whether a prize has been paid on a KENO game ticket, the Commission may rely solely upon its computer records in determining whether or not a particular prize has been paid and the status as determined by the Lottery's computer shall be binding on the holder. In the event of a lost, stolen, or mislaid ticket, the Director may order an investigation, and if he or she is satisfied that the claimant in fact is the owner of the lost, stolen, or mislaid ticket and it has not otherwise been paid, he or she may in his or her discretion pay the prize to the claimant thereof. All payments of prizes on lost, stolen or mislaid tickets shall not be made for a period of 90 days in the case of a prize of $200.00 or less and shall not be made for one year if the prize exceeds $200.00, unless the Director in his or her discretion shall decide otherwise.

(5) Sales Agents. Sales Agents are required to pay to the Lottery all sums due on the date established for payment. Failure to make payment when due or upon notice from the custodial bank that funds are not available will result in the immediate shut down of the Sales Agent's terminal and the Sales Agent's license to sell the KENO Game and/or any other Lottery game shall be subject to revocation, suspension or nonrenewal pursuant to the provisions of 961 CMR 2.13.

(6) Prizes.

(a) All prizes will be paid in full, (less required tax withholdings), at the time the claim is made and after the ticket is properly validated.

(b) All prizes will be a fixed amount (subject to restrictions) and set by the Director by Administrative Bulletin.

(7) Multiplier Feature. The Massachusetts State Lottery Commission may offer a multiplier feature, which may be known by an associated trade name, for the Keno Game. This is a feature by which a bettor, for an additional wager, may increase the prize amount for certain prize levels by a factor depending upon a multiplier number that is drawn prior to the Keno drawing. Rules regarding the multiplier feature shall be set by the Director in an Administrative Bulletin governing the game.

(8) Miscellaneous. All other provision of Lottery Rules and Regulations 961 CMR shall, if applicable, apply to the On-line Number Selection Game – KENO.

(9) In accordance with M.G.L. c. 10, § 27, the 961 CMR 2.58(9)(a) through (c) shall apply in determining whether a municipality should be exempt from the exclusion of Keno growth revenue as defined by M.G.L. c. 10, § 27A.

2.68: continued

(f) In no event shall installment payments be made in the Deferred Annuity Portion of the Annuity Option after the Annuitant's death.
(g) It shall be the Prizewinner's responsibility to provide the Lottery paying the Annuity any updated address information to which Prize installments will be mailed even if a full annual payment or multiple payments have been assigned to a third-party.
(h) Where a Claimant of a Grand Prize or Second Level Prize is a minor who has not yet attained a majority age in the applicable jurisdiction in which the lottery that sold the Play is located, such Prize will be subject to the laws and regulations governing the Selling Lottery.

2.69: Lotteries conducted online (iLottery)

(1) Definitions.

iLottery Platform shall mean a Lottery system that provides for the sale of lottery products and ancillary services *via* the internet through channels that may include, but are not limited to, online and mobile applications.

(2) Commencing on a date to be determined by the Director in their discretion, the Lottery shall offer for sale via its iLottery Platform lottery tickets, games, or shares as authorized by the Law and 961 CMR 2.00.

(3) All activity and use of the iLottery Platform, including the use of iLottery Player Accounts, are also subject to any terms, conditions, and requirements established by the Director in their discretion.

(4) iLottery Player Accounts. Players who wish to utilize the iLottery Platform to purchase lottery tickets, games, or shares, claim prizes, receive winnings, and engage/participate in such other activities as authorized by the Director, must duly register an account (referred to herein as "an iLottery Player Account") with the iLottery Platform.

(5) Age Verification. To purchase lottery tickets, games, or shares via the iLottery Platform, the player must be 21 years of age or older at the time of purchase. The Director shall use any reasonably designed identity and age verification measures, which may include but is not limited to, software, public databases, Lottery databases, financial information, or other Know Your Customer (KYC) functionality, to block access to and prevent sales of lottery tickets, games and shares via the iLottery Platform to persons younger than 21 years old.

(6) Location. To purchase lottery tickets, games, or shares *via* the iLottery Platform, the player must be physically present in the Commonwealth of Massachusetts at the time of purchase. The Director shall use measures such as geolocation software, geo-filtering software, geofencing software, or other software to limit the sale of lottery tickets, games, or shares *via* the iLottery Platform to transactions initiated and received, or otherwise made, within the Commonwealth at the time of purchase.

(7) Voluntary Self-exclusion. Any player may voluntarily prohibit or otherwise exclude themselves from purchasing via the iLottery Platform a lottery ticket, game, or share. The manner and process by which a player may voluntarily prohibit or otherwise exclude themselves is governed by the terms, conditions, and requirements set by the Director in their discretion. Any list or record that identifies a player as having voluntarily prohibited or otherwise excluded themselves from purchasing lottary tickets, games, or shares via the iLottery Platform is exempt from disclosure under M.G.L. c. 66, § 10 and M.G.L. c. 4, §7(26).

(8) Account Limits. Maximum limits for iLottery Player Account deposits and transactions of lottery tickets, games, or shares via the iLottery Platform shall be established by the Director by Administrative Bulletin; players may reduce their deposit or transaction limit to a lesser amount at any time subject to the terms, conditions, and requirements set by the Director in their discretion.

2.69: continued

(9) Account Withdrawal. Cash deposited and unspent in an iLottery Player Account belongs to the owner of the account. Said cash or any portion thereof may be withdrawn by the owner at any time subject to the terms, conditions, and requirements set by the Director in their discretion as authorized to maintain the security of customer funds and to prevent fraud and unauthorized or unlawful withdrawals. Such terms, conditions, and requirements may include, but not be limited to, restrictions on withdrawals of specified funds originating from a player's acceptance of a promotional offer.

(10) Promotional Activities. Pursuant to M.G.L. c. 10, § 24(b)(vi), as a cost incurred in the operation and administration of the sale of lottery tickets, games, and shares *via* the iLottery Platform, each fiscal year, an amount determined by the Director in their discretion shall be used in accordance with M.G.L. c. 10, § 25(b)(a)(ii) to fund promotional activities, which shall be determined by the Director in their discretion, to encourage the purchase of lottery tickets, games, or shares *via* licensed Sales Agents.

(11) Search Function. The user-facing website and mobile application of the iLottery Platform shall offer a search function enabling players to find nearby licensed Sales Agents offering lottery sales at brick-and-mortar retail stores located in the Commonwealth.

(12) As determined by the Director in their discretion but not less than annually, the Lottery shall supply the Department of Public Health with customer tracking data collected or generated by the sale of lottery tickets, games, or shares *via* the iLottery Platform ("Data"). The Data shall be anonymized to remove

(a) personally identifying information, including a player's name, street address, bank or credit information and the last four digits of a player's zip code, in compliance with M.G.L. c. 93H, § 2; and

(b) game identifying information, including game name and device manufacturing company, in protection of corporate intellectual property.

The Data shall include information on player characteristics including, but not limited to, gender, age and region of residence and player behavior including, but not limited to, frequency of play, length of play, speed of play, denomination of play, amounts wagered and, if applicable, characteristics of games.

(13) Procedure for Claiming Prizes for Tickets, Games or Shares Purchased through the iLottery Platform.

(a) Prizes up to $600.99 won as a result of a ticket, game or share purchased through the iLottery Platform will be posted to the player's iLottery Account fund balance provided the claim has been validated by the applicable gaming system. At the discretion of the Director, it may be a requirement that the prize money be forwarded and/or provided to claimant in check form.

(b) Prizes of $601.00 to $49,999.99 won as a result of a ticket, game or share purchased through the iLottery Platform require the player to claim the prize and agree to applicable terms or agreements for iLottery claims *via* the iLottery Platform, the claim be validated by the applicable gaming system, and verified by applicable internal validation requirements. The prize money will be posted in the player's iLottery Player Account fund balance. At the discretion of the Director, it may be a requirement that the prize money be forwarded and/or provided to claimant in check form.

(c) Prizes of $50,000.00 and greater, and annuity prizes, won as a result of a ticket, game or share purchased through the iLottery Platform require the player to initiate the claim and agree to applicable terms or agreements for iLottery claims *via* the iLottery Platform, the claim be validated by the applicable gaming system, the claim be verified by applicable internal validation requirements, and the player's identity must be verified in person at the office of the Director. The prize money will be forwarded and/or provided to claimant in check form.

(d) Each claim for prizes of $601.00 or greater for tickets, games or shares purchased through the iLottery Platform incorporates by reference the following provisions:

1. Verification that the iLottery prize winner is not a person disqualified by law or by 961 CMR 2.00 to claim or otherwise accept a prize from the Lottery.

2.69: continued

2. The iLottery prize winner owner grants to the Commission the right to use his or her name, address, and photograph to publicize his or her winnings.

3. Indemnification of the Commission for any loss occasioned by an untruth or misrepresentation by the iLottery player claiming the prize in his or her behalf.

4. All information requested by the Commission which may include, but not be limited to, the iLottery prize winner's name, and social security number or taxpayer's identification number.

(e) The prize claim process for prizes won as a result of a ticket, game or share purchased through the iLottery Platform may incorporate any other term, condition or requirement as set by the Director in his or her discretion.

(f) For claims of tickets, games or shares purchased through the iLottery Platform, the ticket, game or share must be validated by the Lottery as a winner and the terms, conditions and requirements as determined by the Director must have been complied with and the claim must have been submitted prior to the expiration date of the ticket, game or share.

(f) 961 CMR 2.38(6), (7), (8), and 961 CMR 2.42, shall, as applicable, apply to the claiming of tickets, games and shares purchased through the iLottery Platform.

(g) If deemed applicable by the Director in their discretion, any other provision of 961 CMR 2.0 shall apply to the claiming of tickets, games or shares purchased through the iLottery Platform.

(14) Suspension or Termination of iLottery Account. If a player uses or attempts to use their iLottery Player Account or its functionality in a fraudulent or prohibited manner or in a manner other than for its intended purposes, the player's access to their iLottery Player Account may be suspended or terminated at the discretion of the Director. A prize in the possession of the player as a result of fraud, illegal activity, or prohibited behavior may be reclaimed or returned to the Lottery. A statute of limitations will not be applicable nor bar the Lottery from demanding that a prize be returned by such player due to fraud, illegal activity, or other prohibited behavior.

2.70: eInstant Game Rules

(1) Definitions.

eInstant Game means an electronic Lottery instant game, which is available to be played only through the Lottery's iLottery Platform.

(2) General Provisions.

(a) The terms of 961 CMR 2.71 apply to all eInstant Games. Specific game rules for each eInstant Game shall be detailed in an Administrative Bulletin issued by the Director. Each eInstant Game is governed by its Administrative Bulletin with respect to game play, odds, and available prizes.

(b) By purchasing any eInstant Game play, a player accepts and agrees to comply with all applicable Lottery rules and procedures. The Lottery reserves the right to make changes to any eInstant Game rules without any advance notice, and such changes will be effective immediately upon posting on the iLottery Platform.

(3) Purchasing eInstant Games.

(a) to purchase an eInstant Game play, the player must be at least 21 years old, be physically located in the Commonwealth of Massachusetts, and have a duly registered iLottery Account.

(b) All sales are final. Once the purchase of an eInstant Game play is completed, the player may not cancel the purchase. The player shall be solely responsible for ensuring that they have selected the correct eInstant Game and all applicable options, including but not limited to, purchase price, number of tickets, and price of tickets. Purchases made in error will not be refunded by the Lottery.

2.70: continued

(c) The player shall be solely responsible for obtaining and maintaining any equipment and connectivity necessary to access the iLottery Platform and purchase an eInstant Game play. eInstant Games may not be available on certain devices due to operating requirements associated with eInstant Games. The Lottery makes no representations or warranties, and does not accept any liability, as to a player's ability to access, purchase, and play any eInstant Game, or that the iLottery Platform or eInstant Games will display correctly on devices on which they can be viewed.

(4) Determination of Prize Winners.

(a) eInstant Games are games of chance, and the outcome of a play in the case of an eInstant Game is determined by the applicable gaming system at the point of purchase and is not affected by the skill, judgment, or action of the player. The applicable gaming system distributes outcomes based on the probabilities within the prize structure set forth in the eInstant Game's Administrative Bulletin. The overall chances of winning in an eInstant Game play at each prize level are determined by the prize structure as set forth in the Administrative Bulletin. Outcomes will not be affected by a disconnection from the iLottery Platform after point of purchase.

(b) The revealing of the play symbols is for entertainment purposes only. The revealing of the play symbols on the eInstant Game does not determine whether the eInstant Game play is a winner play.

(c) The applicable gaming system must indicate that an eInstant Game play is a winning play for it to be a valid winning play entitled to a prize. The eInstant Game play must pass all validation and security checks imposed by the Director for it to be a valid winning play entitled to a prize. In order to be a valid winning eInstant Game play, all transaction data must be recorded and verified as a winning eInstant Game play on the applicable gaming system, and the transaction data must satisfy all validation requirements in every respect.

(d) The eInstant Game play shall be void and the player shall not be entitled to a prize under any one or more of the following conditions:

1. The applicable gaming system indicates the eInstant Game play is not a winner;
2. The eInstant Game play was not validly purchased through the iLottery Platform and/or the iLottery Player Account;
3. The eInstant Game play is defective or tampered with in any manner;
4. The eInstant Game play does not pass all validation requirements; or
5. The eInstant Game play fails to meet any requirement contained in the Administrative Bulletin issued by the Director for any particular eInstant Game.

The Director shall make the final decision as to whether any eInstant Game play is valid or void and such decision shall be final.

(e) A player who validly purchases an eInstant Game play is the owner of the eInstant Game play, is entitled to any prize won on that play, subject to all requirements necessary to claim the prize. An eInstant Game play is not a bearer instrument. Neither the electronic record of purchase, nor any other confirmation of the purchase is a bearer instrument. An eInstant Game play may not be assigned except as permitted or required by law.

(f) If an eInstant Game play has been purchased by a player and the play is not played out to completion for any reason, including, but not limited to, the interruption of the player, loss of connectivity during the game play, or eInstant Game termination by the Lottery, the outcome of the play will be available in the player's iLottery Player Account.

(g) In the event of any direct conflict among the display of the eInstant Game play results, the applicable Administrative Bulletin, and any other information issued by the Lottery with respect to the eInstant Games, these regulations and the applicable eInstant Game Administrative Bulletin will prevail.

(5) Disputes. In the event a dispute between the Lottery and the eInstant Game player occurs as to whether the eInstant Game play is a winning play, and if the prize is not paid, the Director may, in their sole discretion, replace the disputed play with an unplayed eInstant Game play of equivalent sales price from a current Lottery iLottery eInstant Game or may refund the original purchase price of the eInstant Game play in dispute. This shall be the sole and exclusive remedy of the purchaser of the disputed play in the event of such disputes.

2.70: continued

A claim shall not be premised on human or electronic error in the communication, display, or transmission of data regardless of how that data is recorded, displayed, or transmitted. A claim shall not be premised on any intentional human electronic or other form of communication not authorized by the Lottery.

(6) In the event an eInstant Game play is declared to be void, the Lottery may at its option replace the voided play with a play of equivalent sales price or refund the original purchase price thereof. This shall be the sole and exclusive remedy of the player.

(7) A player shall be eligible to win only one prize per each eInstant Game play, unless the eInstant Game Administrative Bulletin specifically states otherwise.

(8) Governing Law. In purchasing an eInstant Game play, the player agrees to comply with and abide by the laws of the Commonwealth of Massachusetts, all rules and regulations, directives, and final decisions of the Lottery, and all procedures established by the Director for the conduct of the eInstant Game.

(9) Claim Period. All prizes won on eInstant Game plays must be claimed no later than 366 days following the date on which the prize was won. The computation of time shall begin with the first day following the date the prize was won. If a valid claim is not made for a prize within the required time period, the prize shall be allocated in the same manner as iLottery revenues are allocated.

(10) Purchase, Sale, and Prize Restrictions.

(a) No eInstant Game play shall be sold to a person younger than 21 years old.

(b) No eInstant Game shall be purchased by, and no prize shall be paid to an officer or employee of any contractor or subcontractor who is involved in the production of eInstant Games, or to any spouse, child, brother, sister, or parent domiciled as a member of the same household of such officer or employee.

(c) No eInstant Game play shall be purchased by, and no prize shall be paid to any of the following persons: any member or employee of the Commission or to any spouse, child, brother, sister, or parent domiciled as a member of the same household of any member or employee of the Commission.

(11) Termination of eInstant Games. The Director at any time, with or without notice, may discontinue any eInstant Game in its entirety and the eInstant Game will no longer be offered for sale.

2.71: MASS 3

(1) Sales Start Date. Commencing on a date to be determined by the Director in their discretion, the Lottery shall offer MASS 3 for sale *via* its iLottery Platform.

(2) Drawings. MASS 3 drawings are conducted once a day, seven days a week. During each MASS 3 drawing, a set of three single-digit numbers between zero and nine will be selected.

(3) Purchasing MASS 3 Wagers.

(a) The sale and/or purchase of MASS 3 wagers is conducted exclusively on the iLottery Platform. To purchase a MASS 3 wager, the player must be at least 21 years old, be physically located in the Commonwealth of Massachusetts, and have a duly registered iLottery Account.

(b) By purchasing a MASS 3 wager, the player accepts and agrees to comply with all applicable Lottery rules and procedures.

(c) All sales are final. Once the purchase of a MASS 3 wager is completed, the player may not cancel the purchase. The player is solely responsible for their wager selections. Purchases made in error will not be refunded.

2.71: continued

(d) The player is solely responsible for obtaining and maintaining any equipment and connectivity necessary to access the iLottery Platform and purchase a MASS 3 wager. MASS 3 may not be available on certain devices due to operating requirements associated with the MASS 3 game. The Lottery makes no representations or warranties, and does not accept any liability, as to a player's ability to access, and purchase a MASS 3 wager, or that the iLottery Platform will display correctly on all devices on which they can be viewed.

(4) Ticket Price.

(a) All ticket prices shall be set by the Director by the Administrative Bulletin governing the game.

(b) The Wicked Bonus Ball is an optional play type that can be added to each MASS 3 play and purchased for the amount equal to the price of the play, or multiples thereof in the case of a multi-draw wager, at the discretion of the player.

(c) The Lottery may offer wagers through promotions, including promotions that offer a discount.

(d) The Lottery may offer MASS 3 wagers as prizes in any other Lottery game offered *via* the iLottery Platform.

(5) Official MASS 3 Wager. A play/wager consisting of a set of three numbers, each from a field of zero to nine, that appears as a single board or panel that meets all requirements and is recorded on the applicable gaming system.

(6) Game Play.

(a) To play MASS 3, a player selects three numbers, each from a field of ten numbers (zero through nine), that will together form a three-digit number. Players must match the numbers selected in their play to those drawn by the Lottery on the designated drawing date and time to be eligible to win a prize.

(b) The winning MASS 3 numbers will be selected from a field of ten numbers (zero through nine), in the order drawn, according to certified random numbers generation.

(c) All play types shall be set by the Director by the Administrative Bulletin governing the game.

(d) Wicked Bonus. When purchasing a MASS 3 play/wager, the player can choose to participate in the Wicked Bonus add-on game.

1. Player can choose Yes/No for the Wicked Bonus add-on for each line or all lines.
2. Selecting Yes for the Wicked Bonus add-on doubles the cost of the line.
3. Wicked Bonus add-on does not change the liability of the line.

After the base winning numbers are drawn, the Wicked Bonus ball will be drawn from ten numbered balls (zero through nine) for each game. Wicked Bonus ball can replace any of the MASS 3 numbers drawn to create additional winning combinations (even if it is the same combination). The prize amounts are different for the Wicked Bonus winning combinations. The player numbers are compared to the additional winning combination and if there is a match, the player will win a Wicked Bonus prize, which is in addition to and separate from the main prizes. Player can win multiple Wicked Bonus wins on the same line.

(7) Multi-draw. Players may enter multiple drawings of MASS 3. Multi-draw will be subject to the policies, procedures and rules established by the Lottery.

(8) Prizes. All prize amounts shall be set by the Director by the Administrative Bulletin governing the game. The Administrative Bulletin shall detail limitations of prize liability and such other matters as may be necessary or desirable for the proper operation of the game.

(9) The procedure to be followed for claims shall be pursuant to 961 CMR 2.69(13).

(10) A player who validly purchases a MASS 3 play/wager is the owner of the play/wager, is entitled to any prize won on that play/wager, subject to all requirements necessary to claim the prize. A MASS 3 play/wager is not a bearer instrument. Neither the electronic record of the purchase, nor any other confirmation of the purchase is a bearer instrument. A MASS 3 play/wager may not be assigned except as permitted or required by law.

2.71: continued

In determining whether or not a particular prize has been paid on a MASS 3 play/wager, the Commission may rely solely upon its applicable gaming system in determining whether or not a particular prize has been paid and the status as determined by the applicable gaming system shall be binding.

(11) The liability, whether by negligence or otherwise, of the Lottery for invalid bets is limited to a refund of the amount wagered.

2.72: MASS 4

(1) Sales Start Date. Commencing on a date to be determined by the Director in their discretion, the Lottery shall offer MASS 4 for sale *via* its iLottery Platform MASS 4. MASS 4 drawings are held once a day, seven days a week.

(2) Drawings. MASS 4 drawings are conducted once a day, seven days a week. During each MASS 4 drawing, a set of four single-digit numbers between zero and nine will be selected.

(3) Purchasing MASS 4 Wagers.

(a) The sale and/or purchase of MASS 4 wagers is conducted exclusively on the iLottery Platform. To purchase a MASS 4 wager, the player must be at least 21 years old, be physically located in the Commonwealth of Massachusetts, and have a duly registered iLottery Account.

(b) By purchasing a MASS 4 wager, the player accepts and agrees to comply with all applicable Lottery rules and procedures.

(c) All sales are final. Once the purchase of a MASS 4 wager is completed, the player may not cancel the purchase. The player is solely responsible for their wager selections. Purchases made in error will not be refunded.

(d) The player is solely responsible for obtaining and maintaining any equipment and connectivity necessary to access the iLottery Platform and purchase a MASS 4 wager. MASS 4 may not be available on certain devices due to operating requirements associated with the MASS 4 game. The Lottery makes no representations or warranties, and does not accept any liability, as to a player's ability to access, and purchase a MASS 4 wager, or that the iLottery Platform will display correctly on all devices on which they can be viewed.

(4) Ticket Price.

(a) All ticket prices shall be set by the Director by the Administrative Bulletin governing the game.

(b) The Wicked Bonus ball is an optional play type that can be added to each MASS 4 play and purchased for the amount equal to the price of the play, or multiples thereof in the case of a multi-draw wager, at the discretion of the player.

(c) The Lottery may offer wagers through promotions, including promotions that offer a discount.

(d) The Lottery may offer MASS 4 wagers as prizes in any other Lottery game offered *via* the iLottery Platform.

(5) Official MASS 4 Wager. A play/wager consisting of a set of four numbers, each from a field of zero to nine, that appear as a single board or panel that meets all requirements and is recorded on the applicable gaming system.

(6) Game Play.

(a) To play MASS 4, a player selects four numbers, each from a field of ten numbers (zero through nine), that will together form a four-digit number. Players must match the numbers selected in their play to those drawn by the Lottery on the designated drawing date and time to be eligible to win a prize.

(b) The winning MASS 4 numbers will be selected from a field of ten numbers (zero through nine), in the order drawn, according to certified random numbers generation.

(c) All play types shall be set by the Director by the Administrative Bulletin governing the game.

2.72: continued

(d) Wicked Bonus. When purchasing a MASS 4 play/wager, the player can choose to participate in the Wicked Bonus add-on game.

1. Player can choose Yes/No for the Wicked Bonus add-on for each line or all lines.
2. Selecting Yes for the Wicked Bonus add-on doubles the cost of the line.
3. Wicked Bonus add-on does not change the liability of the line.

After the base winning numbers are drawn, the Wicked Bonus ball will be drawn from ten numbered balls (zero through nine) for each game. Wicked Bonus ball can replace any of the MASS 4 numbers drawn to create additional winning combinations (even if it is the same combination). The prize amounts are different for the Wicked Bonus winning combinations. The player numbers are compared to the additional winning combination and if there is a match, the player will win a Wicked Bonus prize, which is in addition to and separate from the main prizes. Player can win multiple Wicked Bonus wins on the same line.

(7) Multi-draw. Players may enter multiple drawings of MASS 4. Multi-draw will be subject to the policies, procedures and rules established by the Lottery.

(8) Prizes. All prize amounts shall be set by the Director by the Administrative Bulletin governing the game. The Administrative Bulletin shall detail limitations of prize liability and such other matters as may be necessary or desirable for the proper operation of the game.

(9) The procedure to be followed for claims shall be pursuant to 961 CMR 2.69(13).

(10) A player who validly purchases a MASS 4 play/wager is the owner of the play/wager, is entitled to any prize won on that play/wager, subject to all requirements necessary to claim the prize. A MASS 4 play/wager is not a bearer instrument. Neither the electronic record of the purchase, nor any other confirmation of the purchase is a bearer instrument. A MASS 4 play/wager may not be assigned except as permitted or required by law.

In determining whether or not a particular prize has been paid on a MASS 4 play/wager, the Commission may rely solely upon its applicable gaming system in determining whether or not a particular prize has been paid and the status as determined by the applicable gaming system shall be binding.

(11) The liability, whether by negligence or otherwise, of the Lottery for invalid bets is limited to a refund of the amount wagered.

REGULATORY AUTHORITY

961 CMR 2.00: M.G.L. c. 10, § 24 and c. 30A, § 3.

Docket # 625

THE COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin

Secretary of the Commonwealth

Regulation Filing

To be completed by filing agency

CHAPTER NUMBER: **101 CMR 410.00**

CHAPTER TITLE: **Rates for Competitive Integrated Employment Services**

AGENCY: **Executive Office of Health and Human Services**

SUMMARY OF REGULATION: *State the general requirements and purposes of this regulation.*

Governs the payment rates for competitive integrated employment services provided to publicly aided individuals by governmental units. These services are purchased by the Massachusetts Commission for the Blind, MassAbility, and the Department of Transitional Assistance.

REGULATORY AUTHORITY: **M.G.L. c. 118E**

AGENCY CONTACT: **Deborah Briggs, MassHealth Publications** PHONE: **617-921-1744**

ADDRESS: **100 Hancock Street, 6th Floor, Quincy, MA 02171**

Compliance with M.G.L. c. 30A

EMERGENCY ADOPTION - *if this regulation is adopted as an emergency, state the nature of the emergency.*

PRIOR NOTIFICATION AND/OR APPROVAL - *If prior notification to and/or approval of the Governor, Legislature or others was required, list each notification, and/or approval and date, including notice to the Local Government Advisory Commission.*

Executive Order 145 notifications: 5/5/26
Regulatory Review approval: 7/27/26

PUBLIC REVIEW - *M.G.L. c. 30A sections 2 and/or 3 requires notice of the hearing or comment period, including a small business impact statement, be filed with the Secretary of the Commonwealth, published in appropriate newspapers, and sent to persons to whom specific notice must be given at least 21 days prior to such hearing or comment period.*

Date of public hearing or comment period: **6/12/26**

FISCAL EFFECT - *Estimate the fiscal effect of the public and private sectors.*

For the first and second year: **estimated total annualized increase of $2.39 million**

For the first five years:

No fiscal effect:

SMALL BUSINESS IMPACT - *M.G.L. c. 30A section 5 requires each agency to file an amended small business impact statement with the Secretary of the Commonwealth prior to the adoption of a proposed regulation. If the purpose of this regulation is to set rates for the state, this section does not apply.*

Date amended small business impact statement was filed: **N/A**

CODE OF MASSACHUSETTS REGULATIONS INDEX - *List key subjects that are relevant to this regulation:*

PROMULGATION - *State the action taken by this regulation and its effect on existing provisions of the Code of Massachusetts Regulations (CMR) or repeal, replace or amend. List by CMR number:*

Amends 101 CMR 410.00.

ATTESTATION - *The regulation described herein and attached hereto is a true copy of the regulation adopted by this agency.* ATTEST:

SIGNATURE: SIGNATURE ON FILE DATE: **Jul 31 2026**

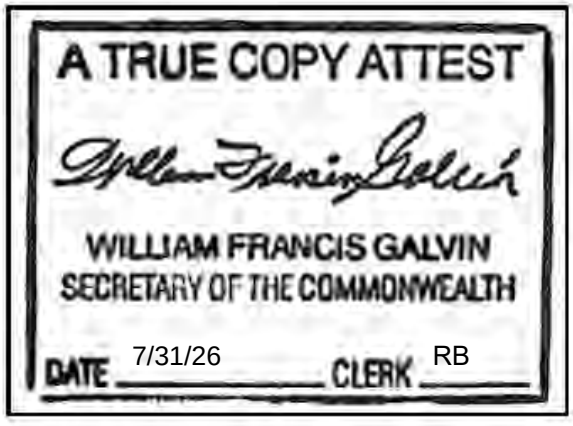
Publication - *To be completed by the regulations Division*

MASSACHUSETTS REGISTER NUMBER: **1580** DATE: **8/14/26**

EFFECTIVE DATE: **8/14/26**

CODE OF MASSACHUSETTS REGULATIONS

Remove these Pages:	*Insert these Pages:*
929 - 930.2	**929 - 930.2**



101 CMR 410.00: RATES FOR COMPETITIVE INTEGRATED EMPLOYMENT SERVICES

Section

410.01: General Provisions

(1) Scope. 101 CMR 410.00 governs the payment rates for competitive integrated employment services (CIES) purchased by a governmental unit. CIES are provided to assist clients to obtain and retain competitive employment in an integrated, community-based work setting with wages and benefits that are comparable to those received by other workers in similar positions. CIES consist of five separate service components, each associated with a specific client outcome: intake, evaluation, and assessment; job-targeted educational and skills development activities; job development and placement; initial employment supports; and ongoing and interim supports. CIES are furnished under an Executive Office of Health and Human Services (EOHHS) Master Agreement (MA). Providers qualified to deliver CIES under the MA will be engaged separately by EOHHS departments to deliver specified services.

(2) Applicable Dates of Service. Rates contained in 101 CMR 410.00 apply for dates of service provided on or after July 1, 2026.

(3) Disclaimer of Authorization of Services. 101 CMR 410.00 is neither authorization for nor approval of the services for which rates are determined pursuant to 101 CMR 410.00. Governmental units that purchase CIES are responsible for the definition, authorization, and approval of services extended to clients.

(4) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on substantive provisions of 101 CMR 410.00.

410.02: Definitions

As used in 101 CMR 410.00, unless the context requires otherwise, terms have the meanings in 101 CMR 410.02.

Client. An individual that receives CIES purchased by a governmental unit including, but not limited to, clients currently or formerly receiving services from the Department of Developmental Services: Employment Supports; the Massachusetts Rehabilitation Commission: Vocational Rehabilitation, Community-based Employment Services; the Department of Transitional Assistance: Supported Work Program, ESP-Workforce Investment Area (WIA), Community-based Employment Service, Supplemental Nutrition Assistance Program (SNAP), Employment and Training; Massachusetts Commission for the Blind: Personal Vocational Adjustment. A governmental unit may also purchase additional CIES at the rates set forth in 101 CMR 410.03(3).

Competitive Integrated Employment. A job in an integrated, community-based work setting where the client receives wages and benefits paid by an employer that are comparable to wages and benefits paid to workers in similar positions.

Cost Report. The document used to report costs and other financial and statistical data. The Uniform Financial Statements and Independent Auditor's Report (UFR) is used when required.

EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.

410.02: continued

Extraordinary Circumstances/Flex Funding. A method whereby, subject to availability, a purchasing governmental unit may provide resource allocations to a client and/or a provider across the state. Flexible funding may be provided through a number of means including, but not limited to, reimbursement to the client for specific support services or funds directed to a qualified provider for extraordinary circumstances.

Governmental Unit. The Commonwealth, any board, commission, department, division, or agency of the Commonwealth and any political subdivision of the Commonwealth.

Provider. Any individual, group, partnership, trust, corporation, or other legal entity that offers services for purchase by a governmental unit and that meets the conditions of purchase or licensure that have been or may be adopted by a purchasing governmental unit.

Reporting Year. The provider's fiscal year for which costs incurred are reported to the Operational Services Division on the Uniform Financial Statements and Independent Auditor's Report (UFR).

410.03: Rate Provisions

(1) Payment Methods.

(a) General. Purchasing governmental units will pay providers a total payment per completed service component as defined in 101 CMR 410.03(2).

1. Standard Progress Documentation. Providers must use a standard form to document initiation and completion of a service component for each client. Providers must submit all progress documentation, billing, and performance reporting through the Enterprise Invoice Management Service.

2. Initial Payment. The purchasing governmental unit pays the provider an initial payment based on a specified percentage of the total payment at the initiation of a service component for a client. For intake, evaluation, and assessment, the purchasing governmental unit makes an initial payment equal to 20% of the service component payment in 101 CMR 410.03(3). For all other service components, except ongoing and interim supports, the purchasing agency makes an initial payment equal to 40% of the service component payment in 101 CMR 410.03(3). EOHHS may revise these percentages by administrative bulletin.

3. Final Payment. The purchasing governmental unit pays the difference between the initial payment and the total service component payment upon completion of the service component and submission of required documentation.

4. Administrative Adjustment for Extraordinary Circumstances. A provider may petition the purchasing governmental unit for an administrative adjustment to reflect increases in operating costs due to unusual and unforeseen circumstances or extraordinary client service requirements not considered in the development of the current rates. Unusual and unforeseen circumstances are events of catastrophic nature (*e.g.*, fire, flood, or earthquake) that are not covered by insurance that the prudent provider would carry. The provider must demonstrate that such cost increases gravely threaten the stability of service provision such that client or consumer access to necessary services is at risk. The purchasing governmental unit will evaluate the need for the administrative adjustment, determine whether funding is available, and convey that information to EOHHS for review to determine the amount of any adjustment.

(b) Services Provided in Dukes or Nantucket County. In accordance with the provisions of St. 2015, c. 46, payment for services provided in programs located in Dukes or Nantucket County will be the rate for the service contained in 101 CMR 410.03(3) times a factor of 1.07.

410.03: continued

(2) Service Components. Payment is based on the following five separate service components.

(a) Intake, Evaluation, and Assessment. This service component requires the client to articulate initial goals, commit to a service plan, and engage in services. Provider activities included in this service component include, but are not limited to, solicitation of client referrals; review of applications; initial client screening; interview of applicants; assessment of client interests and skills; performance of a situational assessment; identification of recommended support services; and completion of a comprehensive service plan.

(b) Job-targeted Educational and Skills Training Activities. This service component is designed to ensure that the client has sufficient training and/or education to enter job search and placement for initial employment in a competitive environment in accordance with their job goals or to reach stabilization in a competitive work environment with additional supports, if necessary. Specific provider activities include, but are not limited to, depending on client skills and learning style, vocational English language training; "fast-track" HiSET testing; short-term "soft" or "technical" job skills training; and work adjustment, job search, and interviewing skills.

(c) Job Development and Placement. This service component is designed to assist the client to sustain initial employment for at least 30 days. Provider activities in this service component include, but are not limited to: employment exploration; career plan development; development of collaborative employer relationships; job try-outs; job matching; and job placement.

(d) Initial Employment Supports. This service component is designed to assist the client to sustain employment for at least 90 days and to demonstrate progress toward stability and confidence in job duties and workplace relationships. Provider activities in this service component include, but are not limited to, counseling, life, and community skills development; continued development of employer education; and collaboration, training, and conflict resolution.

(e) Ongoing and Interim Supports. This service component is designed to assist the client to maintain stable employment with additional supports if necessary. Provider activities in this service component include, but are not limited to, counseling, life, and community skills development; continued development of employer education; and collaboration, training, and conflict resolution, provided on an as-needed basis. This service component is paid on an hourly basis. Interim supports are used to assist a client who does not require full participation in another service component to achieve re-employment or a job upgrade.

(f) Sustained Employment Supports. These service components are designed for

1. acknowledgment that the client has successfully completed the first week of employment due to high quality provider engagement and employment services; and

2. acknowledgment that the client has sustained employment for 90 consecutive days following employment support services provided by the provider.

(3) Approved Rates. Within each service component, there are two service levels that reflect the staff-to-client ratios necessary to meet client needs. The appropriate level is determined by the purchasing governmental unit.

Description	Completed Component Rates		Hourly Rates	
	Level A	Level B	Level A	Level B
Intake, Evaluation, and Assessment	$635	$578	$27.35	$60.78
Job-targeted Educational and Skills Training Activities	$1,358	$3,718	$27.35	$60.78
Job Development and Placement	$2,315	$7,496	$27.35	$60.78
Initial Employment Supports	$839	$2,676	$27.35	$60.78
Ongoing and Interim Supports	N/A	N/A	N/A	$60.78
Extraordinary Circumstances/Flex Funding Add-on	IC	IC	IC	IC
Sustained Employment Supports	$250	$1,000	N/A	N/A

410.04: Filing and Reporting Requirements

(1) General Provisions.

(a) Accurate Data. All reports, schedules, additional information, books, and records that are filed or made available to EOHHS must be certified under pains and penalties of perjury as true, correct, and accurate by the executive director or chief financial officer of the provider.

(b) Examination of Records. Each provider must make available to EOHHS or the purchasing governmental unit upon request all records relating to its reported costs, including costs of any entity related by common ownership or control.

(2) Required Reports. Each provider must file

(a) an annual Uniform Financial Statements and Independent Auditor's Report completed in accordance with the filing requirements of 808 CMR 1.00: *Compliance, Reporting and Auditing for Human and Social Services*;

(b) any cost report supplemental schedule as issued by EOHHS; and

(c) any additional information requested by EOHHS within 21 days of a written request.

(3) Penalty for Noncompliance. The purchasing governmental unit may impose a penalty in the amount of up to 15% of its payments to any provider that fails to submit required information. The purchasing governmental unit will notify the provider in advance of its intention to impose a penalty under 101 CMR 410.04(3).

410.05: Severability

The provisions of 101 CMR 410.00 are severable. If any provision of 101 CMR 410.00 or application of any provision to an applicable individual, entity, or circumstance is held invalid or unconstitutional, that holding will not be construed to affect the validity or constitutionality of any remaining provisions of 101 CMR 410.00 or application of those provisions to applicable individuals, entities, or circumstances.

REGULATORY AUTHORITY

101 CMR 410.00: M.G.L. c. 118E.

Docket # 626

THE COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin

Secretary of the Commonwealth

Regulation Filing

To be completed by filing agency

CHAPTER NUMBER: **101 CMR 424.00**

CHAPTER TITLE: **Rates for Certain Developmental and Support Services**

AGENCY: **Executive Office of Health and Human Services**

SUMMARY OF REGULATION: *State the general requirements and purposes of this regulation.*

Governs the rates paid by governmental units for certain developmental and support services provided to publicly aided individuals. These services are purchased by the Department of Developmental Services and MassAbility.

REGULATORY AUTHORITY: **M.G.L. c. 118E**

AGENCY CONTACT: **Deborah Briggs, MassHealth Publications** PHONE: **617-921-1744**

ADDRESS: **100 Hancock Street, 6th Floor, Quincy, MA 02171**

Compliance with M.G.L. c. 30A

EMERGENCY ADOPTION - *if this regulation is adopted as an emergency, state the nature of the emergency.*

PRIOR NOTIFICATION AND/OR APPROVAL - *If prior notification to and/or approval of the Governor, Legislature or others was required, list each notification, and/or approval and date, including notice to the Local Government Advisory Commission.*

Executive Order 145 notifications: 5/8/26
Regulatory Review approval: 7/27/26

PUBLIC REVIEW - *M.G.L. c. 30A sections 2 and/or 3 requires notice of the hearing or comment period, including a small business impact statement, be filed with the Secretary of the Commonwealth, published in appropriate newspapers, and sent to persons to whom specific notice must be given at least 21 days prior to such hearing or comment period.*

Date of public hearing or comment period: **6/12/26**

FISCAL EFFECT - *Estimate the fiscal effect of the public and private sectors.*

For the first and second year: **estimated total annualized increase of $265,446**

For the first five years:

No fiscal effect:

SMALL BUSINESS IMPACT - *M.G.L. c. 30A section 5 requires each agency to file an amended small business impact statement with the Secretary of the Commonwealth prior to the adoption of a proposed regulation. If the purpose of this regulation is to set rates for the state, this section does not apply.*

Date amended small business impact statement was filed: **N/A**

CODE OF MASSACHUSETTS REGULATIONS INDEX - *List key subjects that are relevant to this regulation:*

PROMULGATION - *State the action taken by this regulation and its effect on existing provisions of the Code of Massachusetts Regulations (CMR) or repeal, replace or amend. List by CMR number:*

Amends 101 CMR 424.00.

ATTESTATION - *The regulation described herein and attached hereto is a true copy of the regulation adopted by this agency.* ATTEST:

SIGNATURE: SIGNATURE ON FILE DATE: **Jul 31 2026**

Publication - *To be completed by the regulations Division*

MASSACHUSETTS REGISTER NUMBER: **1580** DATE: **8/14/26**

EFFECTIVE DATE: **8/14/26**

CODE OF MASSACHUSETTS REGULATIONS

Remove these Pages:	*Insert these Pages:*
1031 - 1034	**1031 - 1034**

A TRUE COPY ATTEST

WILLIAM FRANCIS GALVIN
SECRETARY OF THE COMMONWEALTH

DATE 7/31/26 CLERK KCR

101 CMR 424.00: RATES FOR CERTAIN DEVELOPMENTAL AND SUPPORT SERVICES

Section

424.01: General Provisions

(1) Scope. 101 CMR 424.00 governs the payment rates for certain developmental and support services purchased by a governmental unit including, but not limited to, the Department of Developmental Services (DDS) and MassAbility (MBY).

(2) Applicable Dates of Service. Rates contained in 101 CMR 424.00 apply for dates of service provided on or after July 1, 2026.

(3) Disclaimer of Authorization of Services. 101 CMR 424.00 is neither authorization for nor approval of the services for which rates are determined pursuant to 101 CMR 424.00. Governmental units that purchase the services described in 101 CMR 424.00 are responsible for the definition, authorization, and approval of services extended to clients.

(4) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on substantive provisions of 101 CMR 424.00.

424.02: Definitions

As used in 101 CMR 424.00, unless the context requires otherwise, terms have the meanings in 101 CMR 424.02.

Client. An individual that receives developmental and support services purchased by a governmental unit.

Clinical Team. The clinical team is comprised of medical, psychological, and social service professionals, and provides around-the-clock on-call response to individuals in crisis.

Corporate Representative Payee. Individualized financial supports and advocacy for individuals who benefit from support in managing their own funds. The program supports the individual in their personal movement toward integration into the larger community by handling or supporting various aspects of the individual's bank accounts, bill payments, and personal expenditures. Intensity levels are differentiated by complexity of the individual's finances and level of 1:1 support provided.

Cost Report. The document used to report costs and other financial and statistical data. The Uniform Financial Statements and Independent Auditor's Report (UFR) is used when required.

EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.

Governmental Unit. The Commonwealth, any board, commission, department, division, or agency of the Commonwealth and any political subdivision of the Commonwealth.

Intensive Community Wrap Autism Services (ICWAS). Services for individuals with Autism Spectrum Disorder (ASD), Serious Mental Illness (SMI), or other significant mental health diagnosis designed to provide support and stabilization, as necessary. This service consists of a multi-disciplinary team to deliver clinical assessment and stabilization services, coaching, and peer mentoring supports in a variety of community and daily life activities.

Provider. Any individual, group, partnership, trust, corporation, or other legal entity that offers services for purchase by a governmental unit and that meets the conditions of purchase or licensure that have been adopted by a purchasing governmental unit.

424.02: continued

Psychology Practitioner. Psychology practitioner may be any of the following:

(a) a psychologist who is licensed to practice by the Massachusetts Board of Registration of Psychologists;

(b) a graduate of a master's or doctoral level psychology program; or

(c) a behavioral analyst, board certified by the Behavior Analyst Certification Board (BACB), a private nonprofit organization based in Littleton, Colorado.

Remote Supports and Monitoring Services (RSM). A service that provides for the use of communication and non-invasive monitoring technologies to assist individuals in attaining or maintaining independence in their homes and communities while minimizing the need for on-site staff presence and intervention. The service includes the use of two-way "real-time" audio/video communication technology and will be delivered by staff at a remote location. The service also includes on-call in-person backup supports.

Reporting Year. The provider's fiscal year for which costs incurred are reported to the Operational Services Division on the Uniform Financial Statements and Independent Auditor's Report (UFR).

Transition to Adulthood Program (TAP). A program that assists students with disabilities to prepare for the transition from high school to adulthood by providing advocacy, skills training, and peer counseling, to help students learn to live independently in the community of their choice. TAP services are available to any individual who is 14 through 22 years old and enrolled in special education.

424.03: Rate Provisions

(1) Services Included in the Rate. The approved rate includes payment for all care and services that are part of the program of services of an eligible provider, as explicitly set forth in the terms of the purchase agreement between the eligible provider and the purchasing governmental unit(s).

(2) Reimbursement as Full Payment. Each eligible provider must, as a condition of acceptance of payment made by any purchasing governmental units for services rendered, accept the approved program rate as full payment and discharge of all obligations for the services rendered. Payment from any other source will be used to offset the amount of the purchasing governmental unit's obligation for services rendered to the publicly assisted client.

(3) Payment Limitations. No purchasing governmental unit may pay less than or more than the approved program rate.

(4) Approved Rates. The approved rate is the lower of the provider's charge or amount accepted as payment from another payer or the rate listed in 101 CMR 424.03.

Corporate Representative Payee Program	Rate	Unit
Basic Intensity	$71.29	Client per Month
Moderate Intensity	$98.99	Client per Month
High Intensity	$226.62	Client per Month
Transition to Adulthood Program	$104.08	Hour

424.03: continued

Clinical Team Staff Title	Level	Hourly Rate
Clinical Team Program Manager	1	$48.74
Clinical Team Program Manager	2	$59.10
Clinical Team Program Manager	3	$64.78
Clinical Team Program Manager	4	$76.77
Clinical Team Psychiatrist	1	$123.69
Clinical Team Psychiatrist	2	$145.05
Clinical Team Psychiatrist	3	$175.93
Clinical Team Nurse (LPN)	1	$56.99
Clinical Team Nurse (RN)	2	$77.39
Clinical Team Nurse (APRN)	3	$102.88
Clinical Team Specialist	1	$54.50
Clinical Team Specialist	2	$60.18
Clinical Team Specialist	3	$69.92
Clinical Team Specialist	4	$76.14
Clinical Team Specialist	5	$88.28
Clinical Team Direct Care/Clerical	1	$36.03
Clinical Team Direct Care III	2	$44.91
Clinical Team Direct Care/Social/Caseworker	3	$50.54
Clinical Team Direct Care/Social/Case Manager	4	$54.50

Remote Supports and Monitoring		
Level	**Rate**	**Unit**
A	$45.89	Daily
B	$83.15	Daily
C	$105.42	Daily

424.04: Filing and Reporting Requirements

(1) General Provisions.

(a) Accurate Data. All reports, schedules, additional information, books, and records that are filed or made available to EOHHS must be certified under pains and penalties of perjury as true, correct, and accurate by the executive director or chief financial officer of the provider.

(b) Examination of Records. Each provider must make available to EOHHS or purchasing governmental unit upon request all records relating to its reported costs, including costs of any entity related by common ownership or control.

(2) Required Reports. Each provider must file

(a) an annual Uniform Financial Statements and Independent Auditor's Report completed in accordance with the filing requirements of 808 CMR 1.00: *Compliance, Reporting and Auditing for Human and Social Services*;

(b) any cost report supplemental schedule as issued by EOHHS; and

(c) any additional information requested by EOHHS within 21 days of a written request.

(3) Penalty for Noncompliance. The purchasing governmental unit may impose a penalty in the amount of up to 15% of its payments to any provider that fails to submit required information. The purchasing governmental unit will notify the provider in advance of its intention to impose a penalty under 101 CMR 424.04(3).

424.05: Severability

The provisions of 101 CMR 424.00 are severable. If any provision of 101 CMR 424.00 or application of any provision to an applicable individual, entity, or circumstance is held invalid or unconstitutional, that holding will not be construed to affect the validity or constitutionality of any remaining provisions of 101 CMR 424.00 or application of those provisions to applicable individuals, entities, or circumstances.

REGULATORY AUTHORITY

101 CMR 424.00: M.G.L. c. 118E.

Docket # 445

THE COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin

Secretary of the Commonwealth

Notice of Compliance

Regulation Filing *To be completed by filing agency*

CHAPTER NUMBER: **205 CMR 3.00**

CHAPTER TITLE: **Harness Horse Racing**

AGENCY: **Massachusetts Gaming Commission**

THIS REGULATION WAS ORIGINALLY FILED AS AN EMERGENCY:

Published in Massachusetts Register Number: **1571** Date: **4/10/26**

PRIOR NOTIFICATION AND/OR APPROVAL - *If prior notification to and/or approval of the Governor, Legislature or others was required, list each notification, and/or approval and date, including notice to the Local Government Advisory Commission.*

Regulation was filed by emergency on 03/27/2026, prior to the start of the horse racing season. The regulation was re-filed by emergency on 06/24/2026, so that it could complete the required promulgation process, including being sent to the legislature as contemplated in c. 128A § 9B.

PUBLIC REVIEW - *M.G.L. c. 30A sections 2 and/or 3 requires notice of the hearing or comment period, including a small business impact statement, be filed with the Secretary of the Commonwealth, published in appropriate newspapers, and sent to persons to whom specific notice must be given at least 21 days prior to such hearing or comment period.*

Date of public hearing or comment period: **05/05/2026**

SMALL BUSINESS IMPACT - *M.G.L. c. 30A section 5 requires each agency to file an amended small business impact statement with the Secretary of the Commonwealth prior to the adoption of a proposed regulation. If the purpose of this regulation is to set rates for the state, this section does not apply.*

Date amended small business impact statement was filed: **07/20/2026**

AGENCY CONTACT: **Melanie Foxx** PHONE: **8572020429**

ADDRESS: **101 Federal St., 12th floor, Boston Massachusetts 02110.**

ATTESTATION - *The regulation described herein and attached hereto is a true copy of the regulation adopted by this agency.* ATTEST:

SIGNATURE: **SIGNATURE ON FILE** DATE: **Jul 27 2026**

Publication - *To be completed by the regulations Division*

MASSACHUSETTS REGISTER NUMBER: **1580** DATE: **8/14/26**

EFFECTIVE DATE: **3/27/26**

CODE OF MASSACHUSETTS REGULATIONS

Remove these Pages:	*Insert these Pages:*
61 & 62	**61 & 62**
65 & 66	**65 & 66**

A TRUE COPY ATTEST

WILLIAM FRANCIS GALVIN
SECRETARY OF THE COMMONWEALTH

DATE 7/27/26 CLERK RB

205 CMR 3.00: HARNESS HORSE RACING

Section

3.01: Foreword

The Massachusetts Gaming Commission, hereinafter referred to as the Commission, was created by an act of the Legislature of the Commonwealth of Massachusetts in the year 2011. M.G.L. c. 23K as inserted by St. 2011, c. 194, § 16 and amendments, states that the Commission shall have full power to prescribe rules, regulations and conditions under which all harness horse races or harness horse racing meetings shall be conducted in the Commonwealth.

205 CMR 3.00 applies to all persons or individuals, associations or corporations, which shall hold or conduct any harness horse racing meeting within the Commonwealth of Massachusetts licensed by the Commission where harness horse racing shall be permitted for any stake, purse or reward and the definitions here given are to be considered in connection with the rules of harness horse racing and as a part of them.

All licensees and participants are charged with knowledge of 205 CMR 3.00. No licensee or other person shall engage in his or her occupation or trade at any Massachusetts harness horse race track without first reading the 205 CMR 3.00.

Should any question arise as to the meaning of any rule or regulation, the Commission or its representatives will be available to provide an explanation.

205 CMR 3.00 shall also apply to any participant in or patron of any such licensed meeting. In reading 205 CMR 3.00, unless the text otherwise requires, it shall be understood, without constant reference thereto, that they apply only in the Commonwealth of Massachusetts.

3.01: continued

Every license to hold a meeting is granted upon the condition that the licensee shall accept, observe and enforce 205 CMR 3.00. Furthermore, it shall be the duty of each and every officer, director and every official and employee of said licensee to observe and enforce 205 CMR 3.00. Any and all of 205 CMR 3.00 may be amended, altered, repealed or supplemented by new and additional rules.

The Commission may make exceptions to any rule or rules in individual instances as in their judgement they may deem proper.

The Commission may rescind or modify any penalty or decision or infraction of the rules imposed or made by the racing officials.

M.G.L. c. 128A, and 205 CMR 3.00 supersede the conditions of a race, or the regulations of a race meeting.

205 CMR 3.00 as promulgated by the Commission are supplemented by the State Administrative Procedure Law found in M.G.L. c. 30A. M.G.L. c. 30A provides the procedures that must be followed by all state agencies on such matters as the amending process and the adjudicatory procedure. Under M.G.L. c. 30A, any interested party has the right to attend all hearings conducted by the Commission for the purpose of the adoption or amendment of any rule or regulation. The Commission shall afford any interested person an opportunity to present data, views or arguments in regard to any proposed rule change. Upon written notice to the Commission, a person may request the adoption, amendment or repeal of any regulation with an opportunity to present data, views or arguments in support of such request.

If a dispute should arise concerning a ruling by a steward or other racing official, any party affected by such ruling has a right to an appeal to the Commission in accordance with the provisions of 205 CMR 101.02: *Review of Orders or Civil Administrative Penalties/Forfeitures Issued by the Bureau, Commission Staff, or the Racing Division*.

The rules on pari-mutuel wagering are located in an entirely separate rulebook entitled 205 CMR 6.00: *Pari-mutuel Rules for Horse Racing, Harness Horse Racing and Greyhound Racing*.

The Massachusetts Gaming Commission adopts the United States Trotting Association (USTA) Rules and Regulations as amended; and supplements those rules and regulations with 205 CMR 3.00.

In any situation where a conflict exists between the United States Trotting Association Rules and 205 CMR 3.00, 205 CMR 3.00 will govern. In any instance where a situation is not covered by the USTA Rules, 205 CMR 3.00 will govern and *vice versa*. The assessment of fines and suspensions shall be in the discretion of the Judges and the Gaming Commission.

3.02: Definitions

The following definitions and interpretations shall apply in 205 CMR 3.00, unless the text otherwise require:

Administer or Administration is the introduction of a substance into the body of a horse.

ARCI shall mean the Uniform Classification Guidelines for Foreign Substances And Recommended Penalties Model Rule, December 8, 2025, Version 19.1 as promulgated by the Association of Racing Commissioners International.

Arrears includes all monies due for entrance, forfeits, fees, forfeitures, subscriptions, stake, and also any default in money incident to the Rules.

Associated Person is the spouse of an inactive person, or a companion, family member, employer, employee, agent, partnership, partner, corporation, or other entity whose relationship, whether financial or otherwise, with an inactive person would give the appearance that such other person or entity would care for or train a racing animal or perform veterinarian service on a racing animal for the benefit, credit, reputation, or satisfaction of the inactive person.

3.02: continued

Tote or Tote Board shall mean the totalisator.

USTA shall mean the Rules and Regulations of the United States Trotting Association, Published May 1, 2025.

Year shall mean a calendar year.

3.03: Appeal to the Commission

(1) A final appeal in the case of any person penalized or disciplined by the racing officials of a meeting licensed by the Commission may be taken to the Commission. consistent with the provisions of 205 CMR 101.02: *Review of Orders or Civil Administrative Penalties/Forfeitures Issued by the Bureau, Commission Staff, or the Racing Division*.

3.04: Stable Names, Registration Fees, Restrictions, *etc.*

(1) Each stable name must be duly registered with the Commission.

(2) In applying to race under a stable name, the applicant must disclose the identity or identities behind a stable name.

(3) If a corporation is involved in the identity behind a stable name, 205 CMR 3.06 must be complied with.

(4) Changes in identities must be reported immediately to and approval obtained from the Commission.

(5) A person cannot register more than one stable name at the same time nor can he or she use his or her real name for racing purposes so long as he or she has a registered one.

(6) Any person who has registered under a stable name may at any time cancel it after he or she has given written notice to the Commission.

(7) A stable name may be changed at any time by registering a new stable name and by paying the required fee.

(8) A person cannot register as his or her stable name one that has been registered by any other person with any Association conducting a recognized meeting.

(9) A person may not register as his or her stable name one which is the real name of any owner of race horses nor one which is the real or assumed name of any prominent person not owning race horses.

(10) A stable name shall be plainly distinguishable from that of another duly registered stable name.

3.04: continued

(11) A corporate name shall be considered a stable name for the purpose of 205 CMR 3.00, but the Commission reserves the right to refuse any corporation the privilege of registering a stable name.

(12) A trainer, who is a licensed owner or part owner, may use a stable name as owner or part owner. However, no trainer may be licensed as a trainer other than in his or her legal name.

3.05: Authorized Agent: Licenses, Filing Instrument, *etc*.

(1) Each authorized agent must obtain a license from the Commission.

(2) Application for a license must be filed for each owner represented.

(3) If a written instrument signed by the owner accompanies the application it shall clearly set forth among the delegated powers whether or not said agent is empowered to collect money from the Association.

(4) If the written instrument is a power of attorney, it shall be filed permanently with the Racing Secretary. If, however, the powers are properly delegated by the owner on the application form for a license then said application shall be in duplicate with both copies signed and sworn to before a Notary Public and one copy filed permanently with the Racing Secretary.

(5) An Authorized Agent may appoint a sub-agent only when specifically authorized so to do by the above said written instrument and, to be effective, notice of such appointment must be given immediately in writing to the Commission.

(6) Any changes must be in writing and filed as provided in 205 CMR 3.05(4).

(7) If an agent represents more than one owner a separate written instrument shall be filed for each owner and a separate fee paid in each case.

(8) The term of the license shall be the calendar year unless the owner revokes the agent's appointment or the Commission revokes the license.

(9) An owner's revocation of an authorized agent's authority must be filed in writing with the Commission and with the Racing Secretary.

3.06: Corporations

(1) Corporations racing horses in Massachusetts shall furnish the following information:
(a) The corporation shall furnish to the Commission and the Judges a statement giving the names of all persons connected with the corporation including officers, directors and stockholders.
(b) The corporation shall furnish to the Commission and the Judges a certificate stating that no person or persons connected with the corporation (officer, director or stockholder) have any beneficial interest in any horse or horses running in their name or the name of any other person or persons racing at the same track where the corporation-owned horses are running.
(c) The corporation shall designate to the Commission and the Judges the name of one individual, preferably an officer (not the trainer), who shall act as agent for the corporation.

(2) All licensed persons listed in the corporation shall be liable for entry fees and penalties against horses raced by the corporation.

(3) In the event that one of the persons listed in the corporation is suspended all horses owned by the corporation may be suspended.

(4) Each of the persons holding a beneficial interest in the corporation shall be in good standing in racing.

Docket # 458

THE COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin

Secretary of the Commonwealth

Regulation Filing

To be completed by filing agency

CHAPTER NUMBER: **205 CMR 3.00**

CHAPTER TITLE: **Harness Horse Racing**

AGENCY: **Massachusetts Gaming Commission**

SUMMARY OF REGULATION: *State the general requirements and purposes of this regulation.*

205 CMR 3.00 is intended to clarify the procedures, rules, and policies surrounding Harness Horse Racing in the Commonwealth. The proposed amendments are to 205 CMR 3.28: Prohibited Practices and 205 CMR 3.29: Medications and Prohibited Substances.

REGULATORY AUTHORITY: **M.G.L c. 128A , §§ 9 and 9B**

AGENCY CONTACT: **Melanie Foxx** PHONE: **8572020429**

ADDRESS: **101 Federal St., 12th floor, Boston Massachusetts 02110**

Compliance with M.G.L. c. 30A

EMERGENCY ADOPTION - *if this regulation is adopted as an emergency, state the nature of the emergency.*

PRIOR NOTIFICATION AND/OR APPROVAL - *If prior notification to and/or approval of the Governor, Legislature or others was required, list each notification, and/or approval and date, including notice to the Local Government Advisory Commission.*

LGAC: 03/26/2026
Notice Filed with SOS: 04/10/2026
Notice Published by the Herald: 04/14/2026

PUBLIC REVIEW - *M.G.L. c. 30A sections 2 and/or 3 requires notice of the hearing or comment period, including a small business impact statement, be filed with the Secretary of the Commonwealth, published in appropriate newspapers, and sent to persons to whom specific notice must be given at least 21 days prior to such hearing or comment period.*

Date of public hearing or comment period: **05/05/2026**

FISCAL EFFECT - *Estimate the fiscal effect of the public and private sectors.*

For the first and second year: **N/A**

For the first five years: **N/A**

No fiscal effect: **N/A**

SMALL BUSINESS IMPACT - *M.G.L. c. 30A section 5 requires each agency to file an amended small business impact statement with the Secretary of the Commonwealth prior to the adoption of a proposed regulation. If the purpose of this regulation is to set rates for the state, this section does not apply.*

Date amended small business impact statement was filed: **07/20/2026**

CODE OF MASSACHUSETTS REGULATIONS INDEX - *List key subjects that are relevant to this regulation:*

Harness Horse Racing, Prohibited Practices, Prohibited Substances and Medications

PROMULGATION - *State the action taken by this regulation and its effect on existing provisions of the Code of Massachusetts Regulations (CMR) or repeal, replace or amend. List by CMR number:*

Amends the existing regulations 205 CMR 3.28:: Prohibited Practices and 205 CMR 3.29:: Medications and Prohibited Substances.

ATTESTATION - *The regulation described herein and attached hereto is a true copy of the regulation adopted by this agency.* ATTEST:

SIGNATURE: SIGNATURE ON FILE DATE: **Jul 27 2026**

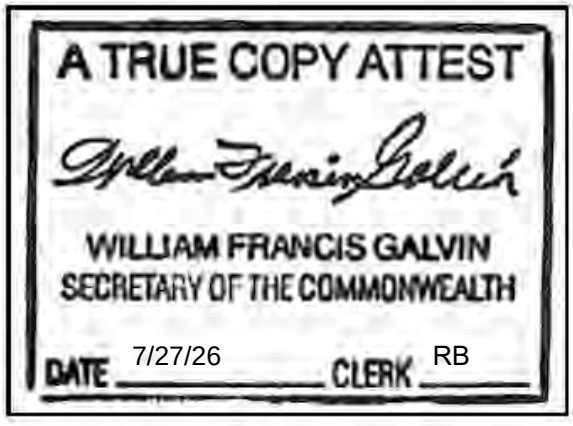
Publication - *To be completed by the regulations Division*

MASSACHUSETTS REGISTER NUMBER: **1580** DATE: **8/14/26**

EFFECTIVE DATE: **8/14/26**

CODE OF MASSACHUSETTS REGULATIONS

Remove these Pages:	*Insert these Pages:*
85 - 90.10	**85 - 90.8**



3.28: continued

(c) Any treated horse shall not be permitted to race or qualify for a minimum of ten days following treatment;
(d) Any horse treated with Extracorporeal Shock Wave Therapy or Radial Pulse Wave Therapy shall be added to a list of ineligible horses. This list shall be kept in the race office and accessible to the drivers and/or their agents during normal business hours and be made available to other regulatory jurisdictions.
(e) A horse that receives any such treatment without full compliance with 205 CMR 3.28(4) and similar rules in any other jurisdiction in which the horse was treated shall be placed on the Steward's List.
(f) Any person participating in the use of ESWT and/or the possession of ESWT machines in violation of this rule shall be considered to have committed a Prohibited Practice and is subject to a Class A Penalty.

(5) The use of a nasogastric tube (a tube longer than six inches) for the administration of any substance within 24 hours prior to the post time of the race in which the horse is entered is prohibited without the prior permission of the official veterinarian or his or her designee.

Annex I
Prohibited Substances and Prohibited Methods
Prohibited Substances

All substances in the following categories shall be strictly prohibited unless otherwise provided in accordance with 205 CMR 3.00: *Harness Horse Racing*. Any reference to substances in Annex I does not alter the requirements for testing concentrations in race day samples. Nothing in this list shall alter the requirements of post-race testing.

(a) Non-approved Substances. Any pharmacologic substance that is not approved by any governmental regulatory health authority for human or veterinary use within the jurisdiction is prohibited. This prohibition includes drugs under pre-clinical or clinical development, discontinued drugs, and designer drugs (a synthetic analog of a drug that has been altered in a manner that may reduce its detection) but does not include vitamins, herbs and supplements for nutritional purposes that do not contain any other prohibited substance, or the administration of a substance with the prior approval of the Commission in a clinical trial for which an FDA or similar exemption has been obtained.
(b) Anabolic Agents. Anabolic agents are prohibited.
1. Anabolic Androgenic Steroids (AAS).
1.1. Exogenous AAS, including:
1-androstenediol (5α-androst-1-ene-3β,17β-diol); 1-androstenedione (5α-androst-1-ene-3,17-dione); bolandiol (estr-4-ene-3β,17β-diol); bolasterone; boldenone; boldione (androsta-1,4-diene-3,17-dione); calusterone; clostebol; danazol ([1,2]oxazolo[4',5':2,3]pregna-4-en-20-yn-17α-ol); dehydrochlormethyltestosterone (4-chloro-17β-hydroxy-17α-methylandrosta- 1,4-dien-3-one); desoxymethyltestosterone (17α-methyl-5α-androst-2-en- 17β-ol); drostanolone; ethylestrenol (19-norpregna-4-en-17α-ol); fluoxymesterone; formebolone; furazabol (17α- methyl[1,2,5]oxadiazolo[3',4':2,3]-5α-androstan-17β-ol); gestrinone; 4- hydroxytestosterone (4,17β-dihydroxyandrost-4-en-3-one); mestanolone; mesterolone; metandienone (17β-hydroxy-17α-methylandrosta-1,4-dien-3- one); metenolone; methandriol; methasterone (17β-hydroxy-2α,17α- dimethyl-5α-androstan-3-one); methyldienolone (17β-hydroxy-17α-methylestra-4,9-dien-3-one); methyl-1-testosterone (17β-hydroxy-17α-methyl-5α-androst-1-en-3-one); methylnortestosterone (17β-hydroxy-17α-methylestr-4-en-3-one); methyltestosterone; metribolone (methyltrienolone, 17β-hydroxy-17α-methylestra-4,9,11-trien-3-one); mibolerone; nandrolone; 19-norandrostenedione (estr-4-ene-3,17-dione); norboletone; norclostebol; norethandrolone; oxabolone; oxandrolone; oxymesterone; oxymetholone; prostanozol (17β-[(tetrahydropyran-2-yl)oxy]-1'H-pyrazolo[3,4:2,3]-5α-androstane); quinbolone; stanozolol; stenbolone; 1-testosterone (17β-hydroxy-5α-androst-1-en-3-one); tetrahydrogestrinone (17-hydroxy-18a-homo-19-nor-17α-pregna-4,9,11-trien-3-one); trenbolone (17β-hydroxyestr- 4,9,11-trien-3-one); and other substances with a similar chemical structure or similar biological effect(s).

3.28: continued

1.2. Endogenous AAS or their synthetic esters when administered exogenously: androstenediol (androst-5-ene-3β,17β-diol); androstenedione (androst-4-ene-3,17-dione); dihydrotestosterone (17β-hydroxy-5α-androstan-3-one); prasterone (dehydroepiandrosterone, DHEA, 3β-hydroxyandrost-5-en-17-one); testosterone; and their metabolites and isomers including, but not limited to: 5α-androstane-3α,17α-diol; 5α-androstane-3α,17β-diol; 5α-androstane-3β,17α-diol; 5α-androstane-3β,17β-diol; 5β-androstane-3α, 17β-diol, androst-4-ene-3α,17α-diol; androst-4-ene-3α,17β-diol; androst-4-ene-3β,17α-diol; androst-5-ene-3α,17α-diol; androst-5-ene-3α,17β-diol; androst-5-ene-3β,17α-diol; 4-androstenediol (androst-4-ene-3β,17β-diol); 5-androstenedione (androst-5- ene-3,17-dione); androsterone (3 β-hydroxy-5 α – androstan-17-one); epi-dihydrotestosterone; epitestosterone; etiocholanolone; 7α-hydroxy-DHEA; 7β-hydroxy-DHEA; 7-keto-DHEA;19-norandrosterone; 19-noretiocholanolone.

(c) Other Anabolic Agents, Including, but Not Limited to: Clenbuterol, selective androgen receptor modulators (SARMs *e.g.*, andarine and ostarine), ractopamine, tibolone, zeranol, zilpaterol.

(d) Peptide Hormones, Growth Factors and Related Substances. The following substances, and other substances with similar chemical structure or similar biological effect(s), are prohibited:

1. Erythropoietin-Receptor agonists: Erythropoiesis-Stimulating Agents (ESAs) including, *e.g.*, darbepoetin (dEPO); erythropoietins (EPO); EPO-Fc; EPO-mimetic peptides (EMP), *e.g.*, CNTO 530 and peginesatide; and methoxypolyethylene glycol-epoetin beta (CERA); and Non-erythropoietic EPO-Receptor agonists, *e.g.*, ARA-290, asialo EPO and carbamylated EPO;

2. Hypoxia-inducible factor (HIF) stabilizers, *e.g.*, cobalt (when found in excess of regulatory authority limits) and roxadustat (FG-4592); and HIF activators, (*e.g.*, argon, xenon);

3. Chorionic Gonadotropin (CG) and Luteinizing Hormone (LH) and their releasing factors, in males;

4. Corticotrophins and their releasing factors;

5. Growth Hormone (GH) and its releasing factors including Growth Hormone Releasing Hormone (GHRH) and its analogues, *e.g.*, CJC-1295, sermorelin and tesamorelin; Growth Hormone Secretagogues (GHS), *e.g.*, ghrelin and ghrelin mimetics, *e.g.*, anamorelin and ipamorelin; and GH-Releasing Peptides (GHRPs), *e.g.*, alexamorelin, GHRP-6, hexarelin and pralmorelin (GHRP-2);

6. Venoms and toxins including, but not limited to, venoms and toxins from sources such as snails, snakes, frogs, and bees as well as their synthetic analogues such as ziconotide.

7. In addition, the following growth factors are prohibited: Fibroblast Growth Factors (FGFs), Hepatocyte Growth Factor (HGF), Insulin-like Growth Factor-1 (IGF-1) and its analogues, Mechano Growth Factors (MGFs), Platelet-Derived Growth Factor (PDGF), Vascular-Endothelial Growth Factor (VEGF) and any other growth factor affecting muscle, tendon or ligament protein synthesis/degradation, vascularization, energy utilization, regenerative capacity or fiber type switching.

(e) Beta-2 Agonists. All beta-2 agonists, including all optical isomers (*i.e.*, d- and l-) where relevant, are prohibited.

(f) Hormone and Metabolic Modulators. The following are prohibited:

1. Aromatase inhibitors including, but not limited to: aminoglutethimide, anastrozole, androsta-1,4,6-triene-3,17-dione (androstatrienedione), 4-androstene-3,6,17 trione (6-oxo), exemestane, formestane, letrozole, testolactone;

2. Selective estrogen receptor modulators (SERMs) including, but not limited to: raloxifene, tamoxifen, toremifene;

3. Other anti-estrogenic substances including, but not limited to: clomiphene, cyclofenil, fulvestrant;

4. Agents modifying myostatin function(s) including, but not limited to: myostatin inhibitors;

5. Metabolic modulators:

5.1. Activators of the AMP-activated protein kinase (AMPK), *e.g.*, AICAR, and Peroxisome Proliferator Activated Receptor δ (PPARδ) agonists (*e.g.*, GW 1516);

5.2 Insulins;

5.3 Trimetazidine; and

3.28: continued

5.4. Thyroxine and thyroid modulators/hormones including, but not limited to, those containing T4 (tetraiodothyronine/thyroxine), T3 (triiodothyronine), or combinations thereof.

(g) Diuretics and Other Masking Agents. The following diuretics and masking agents are prohibited, as are other substances with similar chemical structure or similar biological effect(s): acetazolamide, amiloride, bumetanide, canrenone, chlorthalidone, desmorpressin, etacrynic acid, indapamide, metolazone, plasma expanders (*e.g.*, glycerol; intravenous administration of albumin, dextran, hydroxyethyl starch and mannitol), probenecid, spironolactone, thiazides (*e.g.*, bendroflumethiazide, chlorothiazide, hydrochlorothiazide), torsemide, triamterene, and vasopressin receptor antagonists or vaptans (*e.g.*, tolvaptan).

Furosemide and trichlormethiazide may be administered only in a manner permitted by other rules of the Commission.

Prohibited Methods

(6) Manipulation of Blood and Blood Components. The following are prohibited:

(a) The administration or reintroduction of any quantity of autologous, allogenic (homologous) or heterologous blood or red blood cell products of any origin into the circulatory system.

(b) Artificially enhancing the uptake, transport or delivery of oxygen including, but not limited to: perfluorochemicals, efaproxiral (RSR13) and modified hemoglobin products (*e.g.*, hemoglobin-based blood substitutes, microencapsulated hemoglobin products), excluding supplemental oxygen.

(c) Any form of intravascular manipulation of the blood or blood components by physical or chemical means.

(7) Chemical and Physical Manipulation. Tampering, or attempting to tamper, in order to alter the integrity and validity of samples collected by the Commission, is prohibited. These methods include, but are not limited to, urine substitution or adulteration (*e.g.*, proteases).

(8) Gene Doping. The following, with the potential to enhance sport performance, are prohibited:

(a) The transfer of polymers of nucleic acids or nucleic acid analogues.

(b) The use of normal or genetically modified hematopoietic cells.

Required Conditions for Restricted Therapeutic Use							
Prohibited Substance	Report When Sampled	Pre-File Treatment Plan	Written Approval from Commission	Emergency Use (report)	Prescribed by Veterinarian	Report Treatment	Other Limitations
Adrenocorticotropic Hormone (ACTH)		x			x		
Albuterol					x		
Altrenogest					x		fillies/mares only
Autologous Conditioned Plasma (IRAP)	x				x		
Blood Replacements	x			x	x		
Boldenone		x			x	x	6 month Vet List
Clenbuterol		x			x		
Chorionic Gonadotropin		x	x-1		x	x	60 day Vet List
Furosemide	x				x		
Luteinizing Hormone		x	x-1		x	x	60 day Vet List
Mesenchymal Stem Cells	x				x	x	
Nandrolone		x			x	x	6 month Vet List
Nucleic Polymer Transfers		x	x		x	x	
Platelet Rich Plasma (PRP)	x				x		
Stanozolol		x			x	x	6 month Vet List
S0 (not FDA-approved)			x-2		x		
Testosterone		x			x	x	6 month Vet List
Thyroxine (T4)		x	x-3		x		
Trichlormethiazide	x				x		
Other Diuretics	x			x	x		

x-1: The approved treatment plan must show a specific treatment of a specific individual horse for an undescended testicle condition.

x-2: The approved treatment plan must show: (A) the substance has a generally accepted veterinary use; (B) the treatment provides a significant health benefit for the horse; (C) there is no reasonable therapeutic alternative; and (D) the use of the substance is highly unlikely to produce any additional enhancement of performance beyond what might be anticipated by a return to the horse's normal state of health, not exceeding the level of performance of the horse prior to the onset of the horse's medical condition.

x-3: The approved treatment plan must show: (A) the thyroxine is prescibed to a specific individual horse for a specific period of time; (B) the diagnosis and basis for prescribing such drug, the dosage, and the estimated last administration date ; and (C) that any container of such drug on licensed premises shall be labeled with the foregoing information and contain no more thyroxine than for the treatment of the specific individual horse, as prescribed.

3.29: Medications and Prohibited Substances

(1) Aggravating and Mitigating Factors. Upon a finding of a violation of 205 CMR 3.29, the judges shall consider the classification level of the violation as listed at the time of the violation in the *Uniform Classification Guidelines for Foreign Substances* as promulgated by the Association of Racing Commissioners International (ARCI) and impose penalties and disciplinary measures consistent with the recommendations contained therein. The judges shall also consult with the official veterinarian, laboratory director or other individuals to determine the seriousness of the laboratory finding or the medication violation. All medication and drug violations shall be investigated and reviewed on a case by case basis. Extenuating factors include, but are not limited to:

(a) The past record of the trainer, veterinarian and owner in drug cases;

(b) The potential of the drug(s) to influence a horse's racing performance;

(c) The legal availability of the drug;

(d) Whether there is reason to believe the responsible party knew of the administration of the drug or intentionally administered the drug;

(e) The steps taken by the trainer to safeguard the horse;

(f) The probability of environmental contamination or inadvertent exposure due to human drug use;

(g) The purse of the race;

(h) Whether the drug found was one for which the horse was receiving a treatment as determined by the Medication Report Form;

(i) Whether there was any suspicious betting pattern in the race; and

(j) Whether the licensed trainer was acting under the advice of a licensed veterinarian.

As a result of the investigation, there may be mitigating circumstances for which a lesser or no penalty is appropriate for the licensee and aggravating factors, which may increase the penalty beyond the minimum.

(2) Penalties.

(a) In issuing penalties against individuals found guilty of medication and drug violations, a regulatory distinction shall be made between the detection of therapeutic medications used routinely to treat racehorses and those drugs that have no reason to be found at any concentration in the test sample on race day.

(b) If a licensed veterinarian is administering or prescribing a drug not listed in the ARCI *Uniform Classification Guidelines for Foreign Substances*, the identity of the drug shall be forwarded to the official veterinarian to be forwarded to the Racing Medication and Testing Consortium for classification.

(c) Any drug or metabolite thereof found to be presenting a pre- or post-race sample which is not classified in the version of the ARCI *Uniform Classification Guidelines for Foreign Substances* in effect at the time of the violation shall be assumed to be a ARCI Class 1 Drug and the trainer and owner shall be subject to those penalties as set forth in schedule "A" therein unless satisfactorily demonstrated otherwise by the Racing Medication and Testing Consortium, with a penalty category assigned.

(d) Any licensee of the Commission, including veterinarians, found to be responsible for the improper or intentional administration of any drug resulting in a positive test may, after proper notice and hearing, be subject to the same penalties set forth for the licensed trainer.

(e) Procedures shall be established to ensure that a licensed trainer is not able to benefit financially during the period for which the individual has been suspended. This includes, but is not limited to, ensuring that horses are not transferred to licensed family members.

(f) Multiple positive tests for the same medication incurred by a trainer prior to delivery of official notice by the Commission may be treated as a single violation. In the case of a positive test indicating multiple substances found in a single post-race sample, the Stewards may treat each substance found as an individual violation, depending upon the facts and circumstances of the case.

3.29: continued

(3) Medication Restrictions.

(a) A finding by the Commission approved laboratory of a prohibited drug, chemical or other substance in a test specimen of a horse is *prima facie* evidence that the prohibited drug, chemical or other substance was administered to the horse and, in the case of a post-race test, was present in the horse's body while it was participating in a race. Prohibited substances include:

1. Drugs or medications for which no acceptable threshold concentration has been established;
2. Controlled therapeutic medications in excess of established threshold concentrations or administration within the restricted time period as set forth in the version of the ARCI Controlled Therapeutic Medication Schedule in effect at the time of the violation;
3. Substances present in the horse in excess of concentrations at which such substances could occur naturally; and
4. Substances foreign to a horse at concentrations that cause interference with testing procedures.

(b) Except as otherwise provided by 205 CMR 3.00, a person may not administer or cause to be administered by any means to a horse a prohibited drug, medication, chemical or other substance, including any restricted medication pursuant to 205 CMR 3.00 during the 24-hour period before post time for the race in which the horse is entered.

(4) Medical Labeling.

(a) No person on association grounds where horses are lodged or kept, excluding licensed veterinarians, shall have in or upon association grounds which that person occupies or has the right to occupy, or in that person's personal property or effects or vehicle in that person's care, custody or control, a drug, medication, chemical, foreign substance or other substance that is prohibited in a horse on a race day unless the product is labeled in accordance with 205 CMR 3.29(4).

(b) Any drug or medication which is used or kept on association grounds and which, by federal or state law, requires a prescription must have been validly prescribed by a duly licensed veterinarian, and in compliance with the applicable state statutes. All such allowable medications must have a prescription label which is securely attached and clearly ascribed to show the following:

1. The name of the product;
2. The name, address and telephone number of the veterinarian prescribing or dispensing the product;
3. The name of each patient (horse) for whom the product is intended/prescribed;
4. The dose, dosage, duration of treatment and expiration date of the prescribed/ dispensed product; and
5. The name of the person (trainer) to whom the product was dispensed.

(5) Non-steroidal Anti-inflammatory Drugs (NSAIDs). The use of one of three approved NSAIDs shall be permitted under the following conditions:

(a) Not to exceed the following permitted serum or plasma threshold concentrations which are consistent with administration by a single intravenous injection at least 24 hours before the post time for the race in which the horse is entered:

1. Phenylbutazone. two micrograms per milliliter;
2. Flunixin. 20 nanograms per milliliter;
3. Ketoprofen. two nanograms per milliliter.

(b) These or any other NSAID are prohibited to be administered within the 24 hours before post time for the race in which the horse is entered.

(c) The presence of more than one of the three approved NSAIDs in the post-race serum or plasma sample is not permitted.

1. A finding of phenylbutazone below a concentration of .5 microgram per milliliter of blood serum or plasma shall not constitute a violation of 205 CMR 3.29(5).
2. A finding of flunixin below a concentration of three nanograms per milliliter of blood serum or plasma shall not constitute a violation of 205 CMR 3.29(5).

(d) The use of all but one of the approved NSAIDs shall be discontinued at least 48 hours before the post time for the race in which the horse is entered.

(e) The presence of any unapproved NSAID in the post-race serum or plasma sample is not permitted.

3.29: continued

(6) Furosemide.

(a) In order for a horse to be placed on the Furosemide List the following process must be followed.

1. After the horse's licensed trainer and licensed veterinarian determine that it would be in the horse's best interests to race with furosemide, the official veterinarian or his or her designee shall be notified, using the prescribed form, that the horse is to be put on the Furosemide List.
2. The form must be received by the official veterinarian or his or her designee by the time of entry.
3. A horse placed on the official Furosemide List must remain on that list unless the licensed trainer and licensed veterinarian submit a written request to remove the horse from the list. The request must be made to the official veterinarian or his or her designee, on the proper form, no later than the time of entry.
4. After a horse has been removed from the Furosemide List, the horse may not be placed back on the list for a period of 60 calendar days unless it is determined to be detrimental to the welfare of the horse, in consultation with the official veterinarian. If a horse is removed from the official Furosemide List a second time in a 365-day period, the horse may not be placed back on the list for a period of 90 calendar days.
5. Furosemide shall only be administered on association grounds.
6. Furosemide shall be the only authorized bleeder medication.
7. The use of furosemide shall not be permitted in two year olds.

(b) The use of furosemide shall be permitted under the following circumstances on association grounds where a detention barn is not utilized:

1. Furosemide shall be administered by single intravenous injection no less than four hours prior to post time for the race for which the horse is entered.
2. The furosemide dosage administered shall not exceed 500 mg. nor be less than 150 mg.
3. After treatment, the horse shall be required by the Commission to remain in the proximity of its stall in the care, custody and control of its trainer or the trainer's designated representative under general association and/or Commission security surveillance until called to the saddling paddock.

(c) Test results must show a detectable concentration of the drug in the post-race serum, plasma or urine sample.

1. The specific gravity of post-race urine samples may be measured to ensure that samples are sufficiently concentrated for proper chemical analysis. The specific gravity shall not be below 1.010. If the specific gravity of the urine is found to be below 1.010 or if a urine sample is unavailable for testing, quantitation of furosemide in serum or plasma shall be performed;
2. Quantitation of furosemide in serum or plasma shall be performed when the specific gravity of the corresponding urine sample is not measured or if measured below 1.010. Concentrations may not exceed 100 nanograms of furosemide per milliliter of serum or plasma.

(d) A horse which has been placed on the Furosemide List in another jurisdiction pursuant to 205 CMR 3.00 shall be placed on the Furosemide List in this jurisdiction. A notation on the horse's electronic eligibility certificate of such shall suffice as evidence of being on a Furosemide List in another jurisdiction.

(7) Bleeder List.

(a) The official veterinarian shall maintain a Bleeder List of all horses, which have demonstrated external evidence of exercise induced pulmonary hemorrhage from one or both nostrils during or after a race or workout as observed by the official veterinarian.

(b) Every confirmed bleeder, regardless of age, shall be placed on the Bleeder List and be ineligible to race for the minimum following time periods:

1. First incident - 14 days;
2. Second incident - 30 days;
3. Third incident - 180 days; and
4. Fourth incident - barred for racing lifetime.

(c) For the purposes of counting the number of days a horse is ineligible to run, the day the horse bled externally is the first day of the recovery period.

3.29: continued

(d) The voluntary administration of furosemide without an external bleeding incident shall not subject the horse to the initial period of ineligibility as defined by 205 CMR 3.29(7).
(e) A horse which has been placed on a Bleeder List in another jurisdiction pursuant to rules similar to 205 CMR 3.29(7) shall be placed on a Bleeder List in this jurisdiction.

(8) Androgenic-anabolic Steroids (AAS).
(a) No AAS shall be permitted in test samples collected from racing horses except for residues of the major metabolite of nandrolone, and the naturally occurring substances boldenone and testosterone at concentrations less than the indicated thresholds.
(b) Concentrations of these AAS shall not exceed the following plasma or serum thresholds for unchanged (*i.e.*, not conjugated) substance or urine threshold concentrations (*i.e.*, free drug or metabolite and drug or metabolite liberated from its conjugates):
1. Boldenone: 15 ng/ml of total boldenone in urine of male horses other than geldings, or 25 pg/ml of boldenone in plasma or serum of all horses regardless of sex;
2. Nandrolone: 1 ng/ml of total nandrolone in urine for fillies, mares, and geldings, or 45 ng/ml (as 5α-estrane-3β, 17α-diol)) in urine, in male horses other than geldings, or 25 pg/ml of nandrolone in plasma or serum for geldings, fillies, and mares.
3. Testosterone:
a. In Geldings. 20 ng/ml total testosterone in urine, or 25 pg/ml of testosterone in plasma or serum; and
b. In Fillies and Mares. 55 ng/ml total testosterone in urine, or 25 pg/ml of testosterone in plasma or serum.
(c) Any other anabolic steroids are prohibited in racing horses.
(d) Post-race urine samples must have the sex of the horse identified to the laboratory.

(9) Alkalinizing Substances. The use of agents that elevate the horse's TCO_2 or Base excess level above those existing naturally in the untreated horse at normal physiological concentrations is prohibited.
(a) The following levels also apply to blood gas analysis:
1. The regulatory threshold for TCO_2 is 37.0 millimoles per liter of plasma/serum or a Base excess level of 10.0 millimoles; and
2. The decision level to be used for the regulation of TCO_2 is 37.0 millimoles per liter of plasma/serum plus the measurement uncertainty of the laboratory analyzing the sample or a Base excess level of 10.4 millimoles per liter of plasma/serum.
(b) 1. If the level of TCO2 is determined to exceed 37.0 millimoles per liter of plasma/ erum plus the laboratory's measurement of uncertainty and the owner or trainer of the horse certifies in writing to the judges within 24 hours after the notification of the test results that the level is normal for that horse, the owner or trainer may request in writing that the horse be held in quarantine. If quarantine is requested, the licensed association shall make guarded quarantine available for that horse for a period of time to be determined by the steward or judges, but in no event for more than 72 hours.
2. The expense to maintain the quarantine shall be borne by the owner or trainer.
3. During quarantine, the horse shall be retested periodically by the Commission veterinarian.
4. The horse shall not be permitted to race during a quarantine period, but it may be exercised and trained at times prescribed by the licensed association and in a manner that allows monitoring of the horse by a Commission representative.
5. During quarantine, the horse shall be fed only hay, oats, and water.
6. If the Commission veterinarian is satisfied that the horse's level of TCO2, as registered in the original test, is physiologically normal for that horse, the judges:
a. Shall permit the horse to race; and
b. May require repetition of the quarantine procedure established in 205 CMR 3.29(9)(b)1. through 6. to reestablish that the horse's TCO2 level is physiologically normal.

3.30: Out of Competition Testing for Blood and/or Gene Doping Agents

(1) Out-of-competition Testing Authorized. The Commission may at a reasonable time on any date take blood, urine or other biologic samples as authorized by Commission rules from a horse to enhance the ability of the Commission to enforce its medication and antidoping rules, *e.g.*, the Prohibited List pursuant to ARCI-011-015. The Commission shall own such samples. 205 CMR 3.30 authorizes only the collection and testing of samples and does not independently make impermissible the administration to or presence in any horse of any drug or other substance. A race day prohibition or restriction of a substance by a Commission rule is not applicable to an out-of-competition test, unless there is an attempt to race the horse in a manner that violates such rule.

(2) Horses Eligible to Be Tested. Any horse that has been engaging in activities related to competing in horse racing in the jurisdiction may be tested. This includes, without limitation, any horses that are training outside the jurisdiction to participate in racing in the jurisdiction and all horses that are training in the jurisdiction, but excludes weanlings, yearlings and horses no longer engaged in horse racing (*e.g.*, retired broodmares).

(a) A horse is presumed eligible for out-of-competition testing if:

1. It is on the grounds at a racetrack or training center under the jurisdiction of the Commission;
2. It is under the care or control of a trainer licensed by the Commission;
3. It is owned by an owner licensed by the Commission;
4. It is entered or nominated to race at a premises licensed by the Commission;
5. It has raced within the previous 12 months at a premises licensed by the Commission; or
6. It is nominated to a program based on racing in the jurisdiction, including without limitation, a state thoroughbred development, breeder's award fund, or standardbred state sires stakes.

(b) Such presumptions are conclusive in the absence of evidence that a horse is not engaged in activities related to competing in horse racing in the jurisdiction.

(3) Selection of Horses to Be Tested.

(a) Horses shall be selected for sampling by a Commission Veterinarian, Executive Director, Equine Medical Director, Steward or Presiding Judge or a designee of any of the foregoing.

(b) Horses may be selected to be tested at random, for cause, or as otherwise determined in the discretion of the Commission.

(c) Collectors shall for suspicion-less collections of samples abide by a plan that has been approved by a supervisor not in the field and identifies specific horses or provides neutral and objective criteria to follow in the field to determine which horses to sample. Such a supervisor may consider input from persons in the field during the operation of the plan and select additional horses to be sampled.

(4) Cooperation with the Commission.

(a) Licensees of the Commission are required to cooperate and comply fully with the provisions of 205 CMR 3.30.

(b) Persons who apply for and are granted a trainer or owner license shall be deemed to have given their consent for access at such premises as their horse may be found for the purpose of Commission representatives collecting out of competition samples. Licensees shall take any steps necessary to authorize access by Commission representatives at such premises.

(c) No other person shall knowingly interfere with or obstruct a sampling.

(5) General Procedure for Collecting Samples.

(a) Samples shall be taken under the supervision and direction of a person who is employed or designated by the Commission. All blood samples shall be collected by a veterinarian licensed in the state where the sample is collected, or by a veterinary technician who is acting under appropriate supervision of the veterinarian.

(b) Upon request of a representative of the Commission, the trainer, owner, or their specified designee shall provide the location of their horses eligible for out of competition testing.

3.30: continued

(c) The Commission need not provide advance notice before arriving at any location, whether or not licensed by the Commission, to collect samples.

(d) The trainer, owner, or their specified designee shall cooperate with the person who takes samples for the Commission, which cooperation shall include without limitation:

1. Assist in the immediate location and identification of the horse;
2. Make the horse available as soon as practical upon arrival of the person who is responsible for collecting the samples;
3. Provide a stall or other safe location to collect the samples;
4. Assist the person who is collecting samples in properly procuring the samples; and
5. Witness the taking of samples including sealing of sample collection containers.

(e) The management and employees of a licensed racetrack or training facility at which a horse may be located shall cooperate fully with a person who is authorized to take samples. The person who collects samples for the Commission may require that the collection be done at a specified location on such premises.

(f) The Commission, if requested and in its sole discretion, may permit the trainer, owner, or their specified designee to present a horse that is located in the jurisdiction, but not at a racetrack or training center licensed by the Commission, to be sampled at a time and location designated by the Commission.

(6) Procedure for Collecting Samples from Horses Located outside the Jurisdiction.

(a) The Commission may arrange for the sampling of an out-of-state horse by the racing Commission or other designated person in the jurisdiction where the horse is located. Such racing Commission or other designated person shall follow the relevant provisions of 205 CMR 3.30(5)(a) and (6).

(b) The test results shall be made available, for its regulatory use, to each jurisdiction that has participated in the process of collecting any out-of-competition sample, subject to any restrictions on public disclosure of test results that apply to the Commission that selected the horse for sampling.

(c) The Commission, if requested and in its sole discretion, may permit the trainer or owner instead to transport the horse into its jurisdiction for sampling at a time and place designated by the Commission.

(7) Additional Procedures.

(a) The person who takes samples for the Commission shall provide identification and disclose the purpose of the sampling to the trainer or designated attendant of the horse.

(b) A written protocol for the collection of samples shall be made generally available.

(c) An owner or trainer does not consent to a search of the premises by making a horse that is not located at a racetrack or training center available for sampling.

(d) If the trainer or other custodian of a selected horse refuses or declines to make the horse available for sampling and the managing owner has previously provided the Commission with a means for the Commission to give immediate notification to the managing owner in such situation, then the Commission shall attempt to notify the managing owner and the eligibility of the horse shall be preserved if the managing owner is able to make the horse available for immediate sampling. The Commission is not required to make repeated attempts to notify the managing owner.

(e) The chain of custody record for the sample (including a split sample where appropriate) shall be maintained and made available to the trainer, owner, or their designee when a complaint results from an out-of-competition test.

(8) Analysis of Collected Samples.

(a) The Commission may have out-of-competition samples tested to produce information that may enhance the ability of the Commission to enforce its medication and anti-doping rules.

(b) Split sample rules and procedures for post-race testing shall apply to out-of-competition testing.

(c) The Commission may use any remaining sample for research and investigation.

3.30: continued

(9) Penalties for Non-cooperation.

(a) Willful failure to make a horse available for sampling or other willfully deceptive acts or interference in the sampling process shall carry a minimum penalty of a one year license suspension and referral to the Commission in addition to any other authorized penalties.

(b) A selected horse that is not made available for out-of-competition sampling shall be placed on the Steward's List. The horse shall remain on the Steward's List for a minimum of 180 days, unless the owner can establish extraordinary mitigating circumstances.

(c) A selected horse that is presumed eligible for out-of-competition testing shall be placed on the Steward's list and be ineligible to race in the jurisdiction for 180 days if the horse is not sampled because the trainer, owner or their designee asserts that the horse is not engaged in activities related to competing in horse racing in the jurisdiction. This restriction shall not apply if the trainer, owner or their designee instead permits voluntarily an immediate collection of such samples from the horse.

3.31: Physical Inspection of Horses

(1) Assessment of Racing Condition.

(a) Every horse entered to participate in an official race shall be subjected to a veterinary inspection prior to starting in the race for which it is entered.

(b) The inspection shall be conducted by the official veterinarian or the racing veterinarian.

(c) The assessment of a horse's racing condition shall include:

1. Proper identification of each horse inspected;

2. Clinical observation of each horse in motion during a warm-up mile, during the post parade, during the running of the race, and following the race until the horse has exited the race track;

3. Visual inspection of the entire horse and assessment of overall condition; and

4. Any other inspection deemed necessary by the official veterinarian and/or the racing veterinarian including, but not limited to, manual palpation and/or manipulation of the limbs.

(d) The official veterinarian shall maintain a permanent, continuing health and racing soundness record of each horse inspected.

(e) The official veterinarian is authorized access to any and all horses housed on the association grounds regardless of entry status.

(f) If, prior to starting, a horse is determined to be unfit for competition, the official veterinarian and/or the racing veterinarian will recommend to the judges the horse be scratched.

(g) Horses scratched upon the recommendation of the official veterinarian and/or the racing veterinarian are to be placed on the Veterinarians' List.

(2) Veterinarian's List.

(a) The official veterinarian shall maintain the Veterinarian's List of all horses which are determined to be unfit to compete in a race due to illness, physical distress, unsoundness, infirmity or any other medical condition. Horses so listed are ineligible to enter to race in any jurisdiction until released by an official veterinarian or racing veterinarian.

(b) A horse may be removed from the Veterinarian's List when, in the opinion of the official veterinarian, the condition which caused the horse to be placed on the Veterinarian's List is resolved and the horse's status is returned to that of racing soundness.

(c) Horses working to be released from the Veterinarian's List are to be in compliance with 205 CMR 3.00 and are to be subjected to post-work biologic sample collection for laboratory confirmation or compliance. Violations may result in penalties consistent with 205 CMR 3.29(1).

(d) Horses may be released from the Veterinarian's List only by authorization of the official veterinarian.

(e) Horses having generated a "positive" post race test for an RCI Class I or II substance shall be required to generate a negative test at the expense of the current owner prior to being entered for the first start following the positive test.

3.32: Testing

(1) Reporting to the Test Barn.

(a) The official winning horse and any other horse ordered by the Commission and/or the judges shall be taken to the test barn to have blood and urine samples taken at the direction of the official veterinarian.

(b) Random or extra testing may be required by the judges or the Commission at any time on any horse on association grounds.

(c) Unless otherwise directed by the judges or the official veterinarian, a horse that is selected for testing must be taken directly to the test barn.

(d) A security guard shall monitor access to the test barn area during and immediately following each racing performance. All persons who wish to enter the test barn area must be a minimum of 16 years old, be currently licensed by the Commission, display their Commission identification badge and have a legitimate reason for being in the test barn area.

(e) The owner, trainer or his or her groom or other authorized representative shall be present in the testing enclosure when a saliva, urine or other specimen is taken from his or her horse and shall remain until the sample tag is attached to the specimen container. Said tag shall be signed by the owner, trainer or their representative as witnesses to the taking of the specimen.

(f) Willful failure to be present at, or a refusal to allow, the taking of any such specimen or refusal to sign the specimen tag to the taking of a specimen, or any act or threat to impede or prevent or otherwise interfere therewith, shall subject the person or person guilty thereof to immediate suspension by the judges of the meeting and the matter shall be referred to the Commission for such further penalty as in its discretion it may determine.

(2) Testing of Claimed Horses.

(a) In the event a horse is claimed, and has been designated for a post race test, said claimed horse shall be brought to the State Testing Area by the previous owner, trainer, or agent, and said owner, trainer or agent shall remain with this horse in the testing area until a urine specimen or other sample or test is received from the horse, and said previous owner, trainer or agent shall sign all necessary documents.

(b) Should the analysis of a post race blood, urine or saliva specimen taken from a claimed horse result in a post race positive test, the claimant's trainer shall be promptly notified by the judges and the claimant shall have the option to void said claim. An election to void a claim shall be submitted in writing to the judges by the claimant or his or her trainer.

(3) Split Samples.

(a) Split samples shall be secured and made available for further testing in accordance with the following procedures:

1. A split sample shall be secured in the test barn under the same manner as the portion of the specimen acquired for shipment to a primary laboratory until such time as specimens are packed and secured for shipment to the primary laboratory. Split samples shall then be transferred to a freezer at a secure location approved by the Commission.

2. A freezer for storage of split samples shall be opened only for depositing or removing split samples, for inventory, or for checking the condition of samples. A log shall be maintained that shall be used each time a split sample freezer is opened to specify each person in attendance, the purpose for opening the freezer, identification of split samples deposited or removed, the date and time the freezer was opened, and the time the freezer was closed.

3. Any evidence of a malfunction of a split sample freezer or samples that are not in a frozen condition during storage shall be documented in the log and immediately reported to the official veterinarian or a designated Commission representative.

(b) A trainer or owner of a horse, having been notified that a written report from a primary laboratory states that a prohibited substance has been found in a specimen obtained pursuant to 205 CMR 3.00, may request that a split sample corresponding to the portion of the specimen tested by the primary laboratory be sent to another [referee] laboratory approved by the Commission. The request must be made in writing and delivered to the judges not later than three business days after the trainer of the horse receives written notice of the findings of the primary laboratory. Any split sample so requested must be shipped within an additional 48 hours.

3.32: continued

(c) The owner or trainer requesting testing of a split sample shall be responsible for the cost of shipping and testing. Failure of the owner, trainer or designee to appear at the time and place designated by the official veterinarian shall constitute a waiver of all rights to split sample testing. Prior to shipment, the Commission shall confirm the referee laboratory's willingness to simultaneously provide the testing requested, the laboratory's willingness to send results to both the person requesting the testing and the Commission, and arrangements for payment satisfactory to the referee laboratory.

(d) Prior to opening the split sample freezer, the Commission shall provide a split sample chain of custody verification form that shall provide a place for recording the following information and such other information as the official veterinarian may require. The form shall be fully completed during the retrieval, packaging, and shipment of the split sample. The split sample chain of custody form requirements are:

1. The date and time the sample is removed from the split sample freezer;
2. The sample number;
3. The address where the split sample is to be sent;
4. The name of the carrier and the address where the sample is to be taken for shipment;
5. Verification of retrieval of the split sample from the freezer;
6. Verification of each specific step of the split sample packaging in accordance with the recommended procedure;
7. Verification of the address of the referee laboratory on the split sample package;
8. Verification of the condition of the split sample package immediately prior to transfer of custody to the carrier; and
9. The date and time custody of the sample is transferred to the carrier.

(e) A split sample shall be removed from the split sample freezer by a Commission representative in the presence of a representative of the horsemen's association.

(f) The owner, trainer or designee shall pack the split sample for shipment in the presence of the representative of the Commission, in accordance with the packaging procedures recommended by the Commission. A form shall be signed by both the horsemen's representative and the Commission representative to confirm the packaging of the split sample. The exterior of the package shall be secured and identified with initialed tape, evidence tape or other means to prevent tampering with the package.

(g) The package containing the split sample shall be transported in a manner prescribed by the Commission to the location where custody is transferred to the delivery carrier charged with delivery of the package to the Commission-approved laboratory selected by the owner or trainer.

(h) The owner, trainer or designee and the Commission representative shall inspect the package containing the split sample immediately prior to transfer to the delivery carrier to verify that the package is intact and has not been tampered with.

(i) The split sample chain of custody verification form shall be completed and signed by the representatives of the Commission and the owner or trainer. A Commission representative shall keep the original and provide a copy for the owner or trainer.

(j) If the split sample does not arrive at the referee laboratory because of an act of God or other condition beyond the control of the Commission, the findings in the original sample shall serve as *prima facie* evidence of any medication violation.

(k) The Commission shall make all reasonable efforts to obtain a sufficient sample to split, however, it makes no guarantee as to the amount of sample that will be available for the split sample:

1. If the referee laboratory confirms substantially the primary laboratory findings, the original findings of the primary laboratory shall be considered conclusive.
2. If the split sample was not of sufficient quantity for the referee laboratory to conduct valid testing the original findings of the primary laboratory shall be considered conclusive.
3. If the referee laboratory is provided with the split sample and is unable to reach a valid testing conclusion for any other reason, the findings of the primary laboratory shall be considered conclusive.

3.32: continued

(4) Frozen Samples. The Commission has the authority to direct the official laboratory to retain and preserve by freezing samples for future analysis. The fact that purse money has been distributed prior to the issuance of a laboratory report from the future analysis of a frozen sample shall not be deemed a finding that no drug substance prohibited by 205 CMR 3.00 has been administered.

(5) Suspicious Substances. The representatives of the Commission may take for analysis samples of any medicine or other materials suspected of containing improper medication or drugs which could affect the racing conditions of a horse in a race, which may be found in the stable area or elsewhere on the track or in the possession of any person connected with racing on such tracks.

3.33: *Postmortem* Examinations

(1) The Commission may require a *postmortem* examination of any horse that dies or is euthanized on association grounds.

(2) The Commission may require a *postmortem* examination of any horse that dies or is euthanized at recognized training facilities within this jurisdiction.

(3) If a *postmortem* examination is to be conducted, the Commission shall take possession of the horse upon death for *postmortem* examination. All shoes shall be left on the horse.

(4) If a *postmortem* examination is to be conducted, the Commission or its representative shall collect blood, urine, bodily fluids, or other biologic specimens immediately, if possible before euthanization. The Commission may submit blood, urine, bodily fluids, or other biologic specimens collected during a *postmortem* examination for analysis. The presence of a prohibited substance in a specimen collected during the *postmortem* examination may constitute a violation.

(5) All licensees shall be required to comply with *postmortem* examination requirements as a condition of licensure. In proceeding with a *postmortem* examination, the Commission or its designee shall coordinate with the owner or the owner's authorized agent to determine and address any insurance requirements.

(6) Mortality Review. The Massachusetts Gaming Commission Director of Racing shall conduct a review for the purpose of gathering information surrounding the death of each racehorse and to have an open communication between the following listed individuals regarding issues which may have led to the incident and to ultimately arrive, if possible, at conclusions and recommendations to the appropriate entity or person. The Director of Racing shall consult the following:

(a) the racetrack's Director of Racing or a designee;
(b) the Association Judge and a Massachusetts Gaming Commission Judge;
(c) the Chief Commission Veterinarian or a designee;
(d) the on-track Association Veterinarian;
(e) the trainer of the deceased horse;
(f) the driver of the deceased horse;
(g) the attending veterinarian;
(h) the track superintendent;
(i) the horseperson's representative; and
(j) any other person the Director of Racing determines is necessary to adequately examine the death.

3.34: Environmental Contaminants and Substances of Human Use

(1) Environmental contaminants are either endogenous to the horse or can arise from plants traditionally grazed or harvested as equine feed or are present in equine feed because of contamination during the cultivation, processing, treatment, storage or transportation phases.

(2) Substances of human use and addiction may be found in the horse due to its close association with humans.

3.34: continued

(3) If the preponderance of evidence presented in the hearing shows that a positive test is the result of environmental contamination, including inadvertent exposure due to human drug use, or dietary intake, or is endogenous to the horse, those factors should be considered in mitigation of any disciplinary action taken against the affected trainer. Disciplinary action shall only be taken if test sample results exceed the regulatory thresholds in the most recent version of the ARCI Endogenous, Dietary, or Environmental Substances Schedule.

(4) The identification and adoption of these uniform thresholds for certain substances shall not preclude an individual jurisdiction from maintaining thresholds for substances not on this list which predate the adoption of 205 CMR 3.34 in such jurisdiction.

3.35: Adoption of United States Trotting Association Rules and Regulations

The Massachusetts Gaming Commission adopts the United States Trotting Association (USTA) Rules and Regulations as amended; and supplements those rules and regulations with 205 CMR 3.00.

In any situation where a conflict exists between the United States Trotting Association Rules and 205 CMR 3.00, 205 CMR 3.00 will govern. In any instance where a situation is not covered by the USTA Rules, 205 CMR 3.00 will govern and vice versa. The assessment of fines and suspensions shall be in the discretion of the Judges and the Gaming Commission.

REGULATORY AUTHORITY

205 CMR 3.00: M.G.L. c. 128A, § 9.

Docket # 510

THE COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin

Secretary of the Commonwealth

Notice of Correction

Regulation Filing *To be completed by filing agency*

CHAPTER NUMBER: **321 CMR 3.00**

CHAPTER TITLE: **Hunting**

AGENCY: **Division of Fisheries & Wildlife**

ORIGINAL PUBLICATION REFERENCE: **1577** *Date:* **7/3/26**

SUMMARY OF CORRECTION:

Correction of falconry dates necessary to fall in with the U.S. Fish and Wildlife Service.

AGENCY CONTACT: **James Burnham** PHONE: **5083896343**

ADDRESS: **1 Rabbit Hill Road Westborough MA 01581**

ATTESTATION - *The regulation described herein and attached hereto is a true copy of the regulation adopted by this agency.* ATTEST:

SIGNATURE: SIGNATURE ON FILE DATE: **Jul 22 2026**

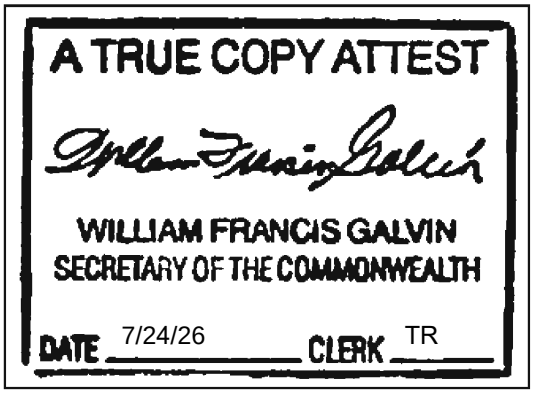
Publication - *To be completed by the regulations Division*

MASSACHUSETTS REGISTER NUMBER: **1580** DATE: **8/14/26**

EFFECTIVE DATE: **7/3/26**

CODE OF MASSACHUSETTS REGULATIONS

Remove these Pages:	*Insert these Pages:*
39 & 40	**39 & 40**



3.02: continued

TABLE 1. OPEN SEASONS, ALL DATES INCLUSIVE

Species	Open Season	Daily Bag	Possession Limit
Sora Rail	Sept. 1 - Nov. 6	5	15
Virginia Rail	Sept. 1 - Nov. 6	10	30
Snipe	Sept. 1 - Dec. 15	8	24
Woodcock	Oct. 1 - Nov. 21	3	9
Ducks[A] Berkshire	Oct. 12 - Nov. 28 Dec. 14 - Jan. 2	6* 6*	18* 18*
Ducks[A] Central	Oct. 10 - Nov. 28 Dec. 15 - Jan. 2	6* 6*	18* 18*
Ducks[A] Coastal	Oct. 10 - Oct. 17 Nov. 27 - Jan. 27	6* 6**	18* 18**
American Coot	Same Dates as Ducks	15	45
Mergansers	Same Dates as Ducks	5*	15*
Geese Berkshire (except blue & snow)	Oct. 12 - Nov. 28	3	9
Geese Central (except blue & snow)	Oct. 10 - Nov. 28 Dec. 15 - Jan. 2	2 2	6 6
Geese Coastal (except blue & snow)	Oct. 10 - Oct. 17 Nov. 27 - Jan. 27	2 2	6 6
Early Canada Goose [B] (Statewide)	Sept. 1 - Sept. 25	15	45
Late Canada Goose (Central)	Jan. 16 - Feb. 13	5	15
Late Canada Goose (North Coastal)	Jan. 28 - Feb. 13	5	15
Late Canada Goose (Berkshire)	Dec. 15 - Feb. 13	5	15
Snow & Blue Goose (Berkshire)	Same Dates as Ducks	15	45
Snow & Blue Goose (Central)	Same Dates as Ducks	15	45
Snow & Blue Goose (Coastal)	Same Dates as Ducks	15	45
Late Snow & Blue Goose (Central)	Same as Late Canada Goose	15	45
Late Snow & Blue Goose (North Coastal)	Same as Late Canada Goose	15	45
Sea Ducks[A] (Scoter, Elder, Long-tailed Duck)	Same Dates as Ducks	4*	12*
Brant (Coastal Only)	Nov. 27 - Dec. 31	1	3
Falconry (Ducks and Coot only, no Geese)	Oct. 10 - Feb. 9	3**	9**
Youth Waterfowl Hunt [C] (Ducks, Coots, Mergansers and Geese Only)	Sept. 26 & Oct. 3	Same as regular season*	Same as regular season*

3.02: continued

TABLE 1. OPEN SEASONS, ALL DATES INCLUSIVE (Continued)

Species	Open Season	Daily Bag	Possession Limit
Veterans and Active Military Personnel Waterfowl Hunt (Ducks, Coots, Mergansers and Geese only) [C]	Sept. 26 & Oct. 3	Same as regular season**	Same as regular season**

* Singly or in the aggregate

** Singly or in the aggregate. Scaup bag limit of two (six possession) between January 7-27, 2027.

A. The daily bag for ducks may contain no more than six ducks (no more than four of which may be sea ducks) unless additionally restricted as indicated below.

Species	**Daily Bag**	**Possession Limit**
American Black Duck	2	6
Redhead	2	6
Canvasback	2	6
Mallard	4 (only 2 females)	12 (only 6 females)
Scaup	1	3
Scaup (coastal zone Jan. 7 - Jan. 27)	2	6
Fulvous Whistling Duck	1	3
Mottled Duck	1	3
Wood Duck	3	9
Northern Pintail	1	3
Scoter	3	9
Long-tailed Duck	3	9
Eider	3 (only 1 female)	9 (only 3 females)
Harlequin	0 (Season Closed)	0 (Season Closed)

B. For Early Canada Goose season only, hunting hours are ½ hour before sunrise to ½ hour after sunset.

C. On September 26, 2026 and October 3, 2026, there shall be a veterans and active military personnel waterfowl hunt in all counties of the state for Veterans (as defined in 38 USC, § 101) and members of the Armed Forces on active duty, including members of the National Guard and Reserves on active duty (other than for training), may participate. All hunters shall possess a Massachusetts Hunting or Sporting License, a Massachusetts Waterfowl Stamp, and Federal Migratory Bird Hunting and Conservation Stamp (also known as Federal Duck Stamp). On September 26, 2026 and October 3, 2026, there shall be a youth waterfowl hunt in all counties of the state for minors 12 through 17 years old only. During the veterans and active military personnel and youth waterfowl hunts, such participants may hunt ducks, geese, mergansers, and coot during the period from ½ hour before sunrise to sunset, with a bag limit of six, possession 18, singly or in the aggregate, subject to the species restrictions in 321 CMR 3.02(2): *Table 1A*. During the youth waterfowl hunt all such minors must be accompanied by an adult licensed to hunt in Massachusetts and who possesses a Massachusetts Waterfowl Stamp. No adult may be accompanied by more than one minor, and no more than one firearm may be carried. The licensed adult may not hunt but may carry the minor's firearm when unloaded and cased. During this youth waterfowl hunt, minors 12 through 14 years old shall not be required to possess a hunting or sporting license and a Massachusetts and Federal Migratory Bird Hunting and Conservation stamp. Minors 15 years old shall possess a Massachusetts hunting or sporting license and a Massachusetts waterfowl stamp but need not possess a Federal Migratory Bird Hunting and Conservation stamp. Minors 16 and 17 years old shall possess a Massachusetts hunting or sporting license, a Massachusetts waterfowl stamp, and a Federal Migratory Bird Hunting and Conservation stamp. All minors shall otherwise conform to all provisions of M.G.L. c. 131, and 321 CMR 3.02(2) not excepted or specified in 321 CMR 3.02(2)(b): *Table 1C*.

(c) Hunting Hours. The hunting hours for migratory game birds shall be from ½ hour before sunrise to sunset, except that hunting hours for the Early Canada Goose seasons shall be from ½ hour before sunrise to ½ hour after sunset.

(d) Falconry. Notwithstanding the dates of the open seasons and the bag and possession limits as prescribed in 321 CMR 3.02(2)(b) and Table 1 thereof, ducks and coots may be hunted or taken with falcons by licensed falconers from October 10, 2026 through February 9, 2027. The bag limits for such falconry hunting shall be three birds daily or nine in possession, singly or in the aggregate, subject to the limitations prescribed in 321 CMR 3.02(2)(b), Table 1, footnotes A through C. Hunting with falconry on Sundays is prohibited.

Docket # 890

THE COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin

Secretary of the Commonwealth

Notice of Compliance

Regulation Filing *To be completed by filing agency*

CHAPTER NUMBER: **322 CMR 6.00**

CHAPTER TITLE: **Regulation of Catches**

AGENCY: **Division of Marine Fisheries**

THIS REGULATION WAS ORIGINALLY FILED AS AN EMERGENCY:

Published in Massachusetts Register Number: **1573** Date: **5/8/26**

PRIOR NOTIFICATION AND/OR APPROVAL - *If prior notification to and/or approval of the Governor, Legislature or others was required, list each notification, and/or approval and date, including notice to the Local Government Advisory Commission.*

MFAC - 5/28/26
DFG - 6/16/26
EEA - 7/6/26
ANF - 7/20/26

PUBLIC REVIEW - *M.G.L. c. 30A sections 2 and/or 3 requires notice of the hearing or comment period, including a small business impact statement, be filed with the Secretary of the Commonwealth, published in appropriate newspapers, and sent to persons to whom specific notice must be given at least 21 days prior to such hearing or comment period.*

Date of public hearing or comment period: **5/19/26**

SMALL BUSINESS IMPACT - *M.G.L. c. 30A section 5 requires each agency to file an amended small business impact statement with the Secretary of the Commonwealth prior to the adoption of a proposed regulation. If the purpose of this regulation is to set rates for the state, this section does not apply.*

Date amended small business impact statement was filed: **7/20/26**

AGENCY CONTACT: **Jared A. Silva** PHONE: **617-634-9573**

ADDRESS: **836 S. Rodney French Boulevard, New Bedford, MA 02744**

ATTESTATION - *The regulation described herein and attached hereto is a true copy of the regulation adopted by this agency.* ATTEST:

SIGNATURE: **SIGNATURE ON FILE** DATE: **Jul 21 2026**

Publication - *To be completed by the regulations Division*

MASSACHUSETTS REGISTER NUMBER: **1580** DATE: **8/14/26**

EFFECTIVE DATE: **4/24/26**

CODE OF MASSACHUSETTS REGULATIONS

Remove these Pages:	*Insert these Pages:*
34.3 & 34.4	**34.3 & 34.4**
58.8.1 - 58.8.2	**58.8.1 - 58.8.2**
58.33 & 58.34	**58.33 & 58.34**

A TRUE COPY ATTEST

WILLIAM FRANCIS GALVIN
SECRETARY OF THE COMMONWEALTH

DATE 7/21/26 CLERK MG

6.03: continued

Commercial Fisher means any person permitted in accordance with M.G.L. c. 130, § 80 and 322 CMR 7.01(2) to retain, possess, or land multi-species groundfish for purpose of sale, barter, or exchange or who keeps for personal or family use any regulated multi-species groundfish taken under the authority of said permit.

For-hire Vessel means a vessel permitted in accordance with 322 CMR 7.10(5)(a): *Permit Categories* to carry paying customers for the purpose of recreational fishing.

Gonads means sex glands commonly known as ovaries or testes or any portions thereof removed from fish and retained for purposes of sale.

Gulf of Maine Groundfish Management Area means those waters under the jurisdiction of the Commonwealth north of 42° 00' including waters of Cape Cod Bay and the Cape Cod Canal that is bounded to the west by a line drawn from the Massachusetts Maritime Academy to the Bell's Neck Road Tidal Flats Recreation Area. This area also includes all estuaries and salt ponds that drain to these waters.

Haddock means that species of fish known as *Melanogrammus aegleinus*.

Halibut means that species of fish known as *Hippoglossus hippoglossus*.

Land means to transfer or offload any regulated multi-species groundfish onto any vessel, boat, watercraft, land, dock, pier, wharf or other artificial structure used for the purpose of receiving fish.

Maximum Retention Electronic Monitoring Program means the federal program established pursuant to Amendment 23 to the New England Fishery Management Council's Northeast Multi-Species Fishery Management Plan and authorized pursuant to 50 CFR Part 648, for vessels permitted by NOAA Fisheries to participate in the federal sector program for the regulated multi-species groundfish fishery and whereby all eligible trips are electronically monitored; fish must be handled in view of cameras; allowed discarding must occur at controlled points in view of cameras; all allocated regulated multi-species groundfish must be retained; electronic monitoring is used to verify compliance; and offloads are subject to observation by dockside monitors.

Monkfish means the species of fish known as *Lophius americanus*.

Monkfish Tail means the section between the first, short, slender spine of the dorsal fin (fourth cephalic spine) and the end of the tail (caudal fin).

Monkfish Whole Weight means tail weight multiplied by 2.91 conversion factor.

Ocean Pout means the species of fish known as *Macrozoarces americanus*.

Pollock means that species of fish known as *Pollachius virens*.

Recreational Fisher means any person who harvests or attempts to harvest fish for personal or family use, sport or pleasure, and which are not sold, bartered, or exchanged.

Recreational Fishing means fishing with hand-held gear other than nets for a purpose or use other than sale, exchange or barter.

Redfish means that species of fish known as *Sebastes fasciatus*.

Regulated Multi-species Groundfish means inclusively, American plaice, cod, haddock, halibut, monkfish, ocean pout, pollock, redfish, windowpane flounder, winter flounder, witch flounder, wolfish and yellowtail flounder.

6.03: continued

Southern New England Cod Stock Area means those waters under the jurisdiction of the Commonwealth that are south and west of Cape Cod and west of the 70th meridian.

Southern New England Groundfish Management Area means those waters under the jurisdiction of the Commonwealth south of 42°00' excluding waters of Cape Cod Bay, but including Pleasant Bay and Nauset Harbor and all connecting embayments in the County of Barnstable as well as all estuaries and salt ponds that drain to these waters.

Total Length means the greatest straight line length as measured on a fish with its mouth closed from the anterior most tip of the jaw or snout to the farthest end of the tail. For fish with forked tails, the upper and lower fork may be squeezed together to measure the tail extremity.

Trip means the time period that begins when a fishing vessel departs from a dock, berth, beach, seawall, ramp or port to carry out commercial fishing operations and that terminates with a return to a dock, berth, seawall, ramp or port.

Western Gulf of Maine Cod Stock Area means those waters under the jurisdiction of the Commonwealth that are north and east Cape Cod, inclusive of the Cape Cod Canal bounded to the west by a line drawn from the Massachusetts Maritime Academy to the Bell's Neck Road Tidal Flats Recreation Area, east of Cape Cod, and south of Cape Cod east of the 70th meridian.

Windowpane Flounder means that species of fish *Scophthalmus aquosus*.

Winter Flounder means that species of fish known commonly as blackback *Pseudopleuronectes americanus*.

Witch Flounder means gray sole or that species of fish known as *Glyptocephalus cynoglossus*.

Wolffish means that species of fish known as *Anarhichas lupus*.

Yellowtail Flounder means that species of fish known as *Limanda ferruginea*.

(2) Size Limits. Except as authorized at 322 CMR 6.03(13)(a), it shall be unlawful to retain, possess or land multispecies groundfish of a total length as set forth below:

(a) Commercial Fishing. For commercial fishers and dealers:

1. Cod: less than 19 inches;
2. Dabs: less than 12 inches;
3. Haddock: less than 16 inches;
4. Pollock: less than 19 inches;
5. Yellowtail Flounder: less than 12 inches;
6. Halibut: less than 41 inches;
7. Monkfish: less than 17 inches in total length or monkfish tails less than 11 inches in total length;
8. Windowpane Flounder: less than 12 inches;
9. Winter Flounder: less than 12 inches;
10. Witch Flounder: less than 13 inches; and
11. Redfish: less than seven inches.

(b) Recreational Fishing. For recreational fishers:

1. Cod: less than 23 inches in the Western Gulf of Maine Cod Stock Area
2. Dabs: less than 14 inches;
3. Haddock:
   a. less than 17 inches in the Gulf of Maine Groundfish Management Area;
   b. less than 18 inches in the Southern New England Groundfish Management Area.
4. Yellowtail Flounder: less than 13 inches;
5. Halibut: less than 41 inches;
6. Windowpane Flounder: less than 12 inches; and
7. Winter Flounder: less than 12 inches.

(3) Method of Measurement.

(a) Minimum Size. The minimum sizes established in 322 CMR 6.03(2) shall be determined by the greatest straight line length in inches as measured on a fish with its mouth closed from the anterior most tip of the haw or snout to the farthest extremity of the tail. For fish with forked tails, the upper and lower fork may be squeezed together to measure the tail extremity.

6.28: continued

Trip Limit means the maximum lawful amount of black sea bass that a commercial fisher may retain, possess, or land within the waters under the jurisdiction of the Commonwealth or sell, barter or exchange or offer for sale, barter, or exchange. Trip limits apply by per trip or per calendar day, whichever period of time is longer and are applied to the vessel named on the commercial fishing permit regardless of the number of commercial fishing permits or letters of authorization carried on board the vessel.

(2) Commercial Fishery Management.

(a) Permit Requirements. A regulated fishery black sea bass permit endorsement or black sea bass pot permit endorsement, issued by the Director pursuant to 322 CMR 7.01(4)(a): *Regulated Fishery Permit Endorsement*, is required to sell, barter, or exchange black sea bass or to fish for, retain, possess or land black sea bass in accordance with the black sea bass commercial fishery regulations at 322 CMR 6.28(2).

(b) Minimum Size. It shall be unlawful for any commercial fisher or dealer to possess black sea bass less than 12 inches in total length, not including the tail tendril.

(c) Trip Limits and Open Fishing Days. It shall be unlawful for any commercial fisher to retain, possess, land or sell, barter, or exchange black sea bass within the waters under the jurisdiction of the Commonwealth, except as authorized at 322 CMR 6.28(2)(c)(1) through (4):

1. Fish Weir Set-Aside. From April 1st through December 31st, commercial fishers permitted in accordance with 322 CMR 7.01(4)(a): *Regulated Fishery Permit Endorsement* to operate a fish weir, shall not be subject to trip limits or closed commercial fishing days for black sea bass caught in fish weirs. The weir fishery shall close when all permitted weir fishers have combined to land 24,000 pounds of black sea bass.

2. Black Sea Bass Bycatch Allowance for Trawlers. The trip limit for commercial fishers using trawl gear shall be 100 pounds.

3. Summertime Black Sea Bass Pot Fishery.

a. Trip Limit. Except as authorized at 322 CMR 6.28(2)(c)(3)(b), beginning on July 1st, the trip limit for commercial fishers permitted to fish black sea bass pots shall be 500 pounds.

b. Quota Based In-Season Trip Limit Increase. Should DMF determine that more than 15% of the quota will remain available after August 31st, the trip limit for commercial fishers permitted to fish black sea bass pots shall be increased to 600 pounds effective September 1st.

c. Fishing Days (July 1st through August 31st). During the period of July 1st through August 31st, commercial fishers using black sea bass pots may retain, possess, land, and sell black sea bass on Sundays, Mondays, Tuesdays, Wednesdays, and Thursdays. It shall be unlawful to conduct such activities on Fridays and Saturdays.

d. Fishing Days (September 1st through December 31st). Beginning on September 1st, commercial fishers using black sea bass pots may retain, possess, and land black sea bass seven days per week.

4. Other Gear Types.

a. Trip Limit. Except as authorized at 322 CMR 6.28(2)(c)(4)(b), beginning on July 1st, the trip limit for commercial fishers using all other authorized gear types, including but not limited to hook and line, shall be 250 pounds.

b. Quota Based In-Season Trip Limit Increase. Should DMF determine that more than 15% of the quota will remain available after August 31st, the trip limit for commercial fishers using all other authorized gear types, including but not limited to hook and line, shall be 300 pounds effective September 1st.

c. Fishing Days (July 1st through August 31st). During the period of July 1st through August 31st, commercial fishers using all other authorized gear types, including but not limited to hook and line, may retain, possess, land, and sell black sea bass on Sundays, Mondays, Tuesdays, Wednesdays, and Thursdays. It shall be unlawful to conduct such activities on Fridays and Saturdays.

d. Fishing Days (September 1st through December 31st). Beginning September 1st, commercial fishers using all other authorized gear types, including but not limited to hook and line, may retain, possess, and land black sea bass seven days per week.

6.28: continued

e. The regulations set for that 322 CMR 6.28(2)(c)(4) shall not apply to lawfully permitted commercial fishers fishing with weirs, trawls, and black sea bass pots regulated pursuant to 322 CMR 6.28(2)(c)(1) through (3).

5. Quota Closure. It shall be unlawful for commercial fishers to possess or land black sea bass once the Director has determined that 100% of the quota has been reached. The quota closure will be enacted and announced in accordance with the procedure set forth at 322 CMR 6.41(2)(c).

(3) Recreational Fishery Regulations.

(a) Minimum Size. It shall be unlawful for any recreational fisher to retain, possess, or land black sea bass measuring less than 16 inches in total length not including the tail tendril.

(b) Open Season and Bag Limits.

1. During the period of May 16th through August 31st, it shall be unlawful for any recreational fisher to retain, possess, or land more than four black sea bass per day.

2. During the period of September 1st through October 14th, it shall be unlawful for any recreational fisher to retain, possess, or land more than two black sea bass per day.

(c) Closed Season. During the period of October 15th through May 15th, it shall be unlawful for any recreational fisher to retain, possess, or land any black sea bass.

6.29: Acushnet River Estuary Fisheries Closures

(1) Definitions. For purposes of 322 CMR 6.30, the following words shall have the following meanings:

Area 1 means all waters north of the Hurricane Dike in New Bedford, including all of New Bedford Harbor and the Acushnet River. This area corresponds to Area I described in 105 CMR 260.000: *Prohibition against Certain Fishing in New Bedford Harbor.*

Area 2 means all waters encompassed by an imaginary straight line beginning at the southernmost part of Ricketsons Point in Dartmouth; thence in an easterly direction to the southernmost part of Wilbur Point in Sconticut Neck, Fairhaven; thence along the western shoreline of Sconticut Neck in a northerly direction along the Fairhaven shoreline; thence along the Hurricane Dike to the New Bedford shoreline; thence in a southerly direction to Clarks Point and along the shoreline of Clarks Cove to the starting point. This area corresponds to Area II described in 105 CMR 260.000: *Prohibition against Certain Fishing in New Bedford Harbor.*

(2) Area 1 and 2 Prohibitions. It is unlawful to harvest, catch, or take lobster from Areas 1 and 2.

6.30: American Eels

(1) Definitions. The following words and terms shall have the following meanings:

American Eel means that species of eel known as *Anguilla rostrata*.

Commercial Fisher means any person fishing for American eels under the authority of a commercial fishing permit issued in accordance with M.G.L. c. 130, § 80 and 322 CMR 7.01(2) and (4).

6.43: continued

2. Pursuant to the authority at M.G.L. c. 130, § 80 and 322 CMR 7.01(7), the Director may establish permit conditions as necessary or appropriate for conservation and management. This may include adopting a trip limit in excess of 6,000 pounds of Atlantic menhaden for commercial fishers who have been issued a regulated Atlantic menhaden fishery permit endorsement, provided said trip limit does not exceed 120,000 pounds of Atlantic menhaden.

3. All commercial fishers participating in the Episodic Event Set Aside Fishery shall only harvest menhaden from the waters under the jurisdiction of the Commonwealth and shall only land in Massachusetts ports.

4. All commercial fishers participating in the Episodic Event Set Aside Fishery shall be subject to the daily catch reporting requirements set forth at 322 CMR 6.43(7).

5. It shall be unlawful for a commercial fisher to use a purse seine that exceeds 450 feet long by 48 feet deep.

6. Storage Requirement. All Atlantic menhaden shall be brought onboard the vessel, and upon retention, be immediately stored in level filled barrels or fish totes. A level filled fish tote shall be the equivalent of 117 pounds of Atlantic menhaden; a level filled barrel shall be the equivalent of 350 pounds of Atlantic menhaden; and 51-level filled fish totes or 17-level filled barrels of Atlantic menhaden shall be the equivalent of 6,000 pounds of Atlantic menhaden.

(7) Catch Reporting.

(a) Electronic Catch Reporting. Beginning in 2024, all commercial fishers who have been issued a regulated Atlantic menhaden fishery permit endorsement shall report their catch electronically daily prior to landing through an electronic reporting application approved by the Division.

(b) Bait Dealer Reporting for Quota Monitoring. All commercial fishers who hold a regulated Atlantic menhaden fishery permit endorsement and all commercial fishers participating in the Episodic Event Set Aside Fishery shall obtain a Bait Dealer permit, as defined at 322 CMR 7.01(3): *Bait Dealer*, and report to the Division of Marine Fisheries their commercial Atlantic menhaden landings in the Commonwealth on a daily basis on forms provided by the Director.

6.44: Atlantic Mackerel Management

(1) Definitions. For the purposes of 322 CMR 6.44, the following terms shall have the following meanings:

Atlantic Mackerel means that species known as *Scomber scombrus*.

Commercial Fisher means any person who retains, possess, or lands Atlantic mackerel for the purpose of sale, barter, or exchange or keeps for personal or family use Atlantic mackerel taken under the authority of a commercial fishing permit and regulated fishery permit for Atlantic mackerel issued in accordance with M.G.L. c. 130, § 80 and 322 CMR 7.01: *Form, Use and Contents of Permits*.

Director means the Director of the Division of Marine Fisheries

Division means the Division of Marine Fisheries

For-hire Vessel means any vessel that holds a for-hire permit, issued in accordance with M.G.L. c. 130, § 17C and 322 CMR 7.01(5) that is carrying paying customers for the purpose of recreational fishing.

Quota means the annual coastwide commercial quota for Atlantic mackerel set by the Mid-Atlantic Fishery Management Council and monitored by NOAA Fisheries.

Recreational Fisher means any person who harvests or attempts to harvest fish for personal or family use, sport or pleasure, and which are not sold, bartered, or exchanged.

Recreational Fishing means the non-commercial harvest or attempted harvest of fish for personal or family use, sport or pleasure, and which are not sold, traded, or bartered.

6.44: continued

(2) Recreational Fishing Limit.

(a) It shall be unlawful for any recreational fisher fishing from a private vessel or shore to harvest more than 25 Atlantic mackerel per calendar day or possess more than 25 Atlantic mackerel while recreationally fishing.

(b) It shall be unlawful for any recreational fisher fishing onboard a for-hire vessel during a for-hire trip to harvest more than 50 Atlantic mackerel per calendar day or possess more than 50 Atlantic mackerel while recreationally fishing.

(3) Commercial Fishing.

(a) Permit Requirement. To retain, possess, or land Atlantic mackerel in excess of the recreational fishing limit set forth at 322 CMR 6.44(2), a person shall obtain a commercial fishing permit and regulated fishery permit endorsement for Atlantic mackerel.

(b) Commercial fishers may retain, possess, and land Atlantic mackerel for use as bait in other commercial fisheries in quantities that exceed the recreational fishing limit set forth at 322 CMR 6.44(2).

(c) If a commercial fisher is recreationally fishing from shore, a private vessel, or charter vessel, it shall be unlawful to retain, possess, or land Atlantic mackerel in quantities exceeding the recreational fishing limit set forth at 322 CMR 6.44(2).

(d) State Waters Trip Limit. Within the waters under the jurisdiction of the Commonwealth, it shall be unlawful for any commercial fisher to retain, possess, or land more than 20,000 pounds of Atlantic mackerel during any trip or calendar day, whichever period of time is longer.

Once NOAA Fisheries determines 1,100 metric tons of the annual domestic harvest limit remains, it shall be unlawful for any commercial fisher fishing in the waters under the jurisdiction of the Commonwealth to retain, possess, or land more than 5,000 pounds of Atlantic mackerel.

Once NOAA Fisheries determines 220 metric tons of the annual domestic harvest limit remains, it shall be unlawful for any commercial fisher fishing in the waters under the jurisdiction of the Commonwealth to retain, possess, or land more than 2,500 pounds of Atlantic mackerel.

1. Exemptions to State Waters Trip Limit.

a. Federal Permit Holders. Vessels permitted by NOAA Fisheries to commercially harvest and land Atlantic mackerel may possess and land more than the state waters trip limit in Massachusetts provided the fish was lawfully caught outside of the waters under the jurisdiction of the Commonwealth; the vessel transits directly through the waters under the jurisdiction of the Commonwealth for the purposes of landing Atlantic mackerel; the vessel's gear is out of the water and stowed properly onboard while within the waters under the jurisdiction of the Commonwealth; and the vessel makes no stops upon entering the waters under the jurisdiction of the Commonwealth prior to landing unless so directed by law enforcement or authorized in writing by the Division.

b. Fish Wiers. Commercial fishers permitted in accordance with 322 CMR 7.01: *Form, Use and Contents of Permit* and M.G.L. c. 130, § 29 to operate a fish weir are exempt from this trip limit when retaining, possessing, or landing Atlantic mackerel caught in their permitted fish weirs.

REGULATORY AUTHORITY

322 CMR 6.00: M.G.L. c. 130, §§ 2, 17A, 80, 100A and 104.

Docket # 916

THE COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin

Secretary of the Commonwealth

Regulation Filing

To be completed by filing agency

CHAPTER NUMBER: **540 CMR 5.00**

CHAPTER TITLE: **Motor Vehicle Title: Use of Electronic Signature and Electronic Title**

AGENCY: **Registry of Motor Vehicles**

SUMMARY OF REGULATION: *State the general requirements and purposes of this regulation.*

540 CMR 5.00 establishes the requirements and standards governing the use of Electronic Signatures of Motor Vehicle Paper Titles and Electronic Title. The regulation authorizes Dealers and Individuals to complete title transactions through the Registry's Electronic Vehicle Registration (EVR) program or myRMV. It sets eligibility, security, and procedures of Electronic Titles and Electronic Signatures whilst prescribing procedures for dealer sales, intrastate state transactions and applicable violations. The aim of this regulation modernizes title transactions through Electronic filing while preserving existing statutory requirements.

REGULATORY AUTHORITY: **M.G.L. c. 90D, §§ 11A, 24, and 39.**

AGENCY CONTACT: **Christopher Smith** PHONE: **617-921-4351**

ADDRESS: **10 Park Plaza, Boston MA 02116 Suite 3380**

Compliance with M.G.L. c. 30A

EMERGENCY ADOPTION - *if this regulation is adopted as an emergency, state the nature of the emergency.*

PRIOR NOTIFICATION AND/OR APPROVAL - *If prior notification to and/or approval of the Governor, Legislature or others was required, list each notification, and/or approval and date, including notice to the Local Government Advisory Commission.*

LGAC Notice sent 1/2/2026
Newspaper publication 2/13/26
Notice published in the Massachusetts Register 2/27/26

PUBLIC REVIEW - *M.G.L. c. 30A sections 2 and/or 3 requires notice of the hearing or comment period, including a small business impact statement, be filed with the Secretary of the Commonwealth, published in appropriate newspapers, and sent to persons to whom specific notice must be given at least 21 days prior to such hearing or comment period.*

Date of public hearing or comment period: **March 6, 2026**

FISCAL EFFECT - *Estimate the fiscal effect of the public and private sectors.*

For the first and second year: **0**

For the first five years: **0**

No fiscal effect: **0**

SMALL BUSINESS IMPACT - *M.G.L. c. 30A section 5 requires each agency to file an amended small business impact statement with the Secretary of the Commonwealth prior to the adoption of a proposed regulation. If the purpose of this regulation is to set rates for the state, this section does not apply.*

Date amended small business impact statement was filed: **07/28/2026**

CODE OF MASSACHUSETTS REGULATIONS INDEX - *List key subjects that are relevant to this regulation:*

Motor Vehicle Titles; Electronic Titles; Electronic Signatures; Registry of Motor Vehicles; RMV; Dealer Sales; Dealer Purchases; Casual Sales; Electronic Vehicle Registration; EVR; myRMV; Certificates of Title; Motor Vehicle Dealers; Title Transfers; Electronic Transactions; Enforcement; Intrastate Transactions; Out of State Dealers; Out of State Certificates of Titles; Limited-use Process; NMVTIS;

PROMULGATION - *State the action taken by this regulation and its effect on existing provisions of the Code of Massachusetts Regulations (CMR) or repeal, replace or amend. List by CMR number:* **Establish**

540 CMR 5.00 - Motor Vehicle Title: Use of Electronic Signature and Electronic Title

ATTESTATION - *The regulation described herein and attached hereto is a true copy of the regulation adopted by this agency.* ATTEST:

SIGNATURE: SIGNATURE ON FILE DATE: **Jul 29 2026**

Publication - *To be completed by the regulations Division*

MASSACHUSETTS REGISTER NUMBER: **1580** DATE: **8/14/26**

EFFECTIVE DATE: **8/14/26**

CODE OF MASSACHUSETTS REGULATIONS

Remove these Pages:	*Insert these Pages:*
1 - 4.2	**1 - 4.2**
55 & 56	**55 - 56.6**

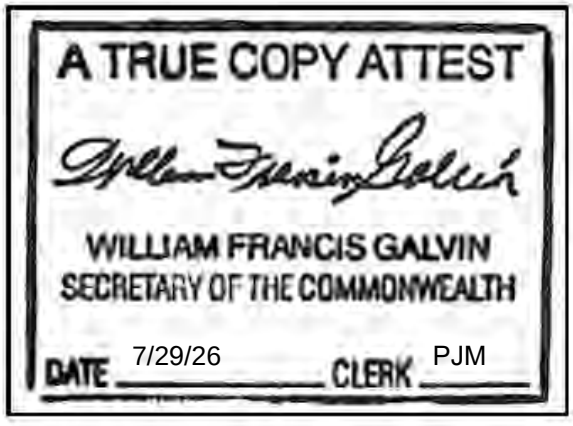


Table of Contents

Table of Contents

Table of Contents

Table of Contents

Table of Contents

Table of Contents

540 CMR 5.00: MOTOR VEHICLE TITLE: USE OF ELECTRONIC SIGNATURE AND ELECTRONIC TITLE

Section

5.01: Authority, Purpose, and Scope

Subject to the requirements 540 CMR 5.00, Dealers may use Electronic Signatures on Motor Vehicle Paper Titles in *lieu* of traditional signatures for Dealer Sales or Dealer Assignments of Title. Subject to the requirements 540 CMR 5.00, Dealers and individuals may use the RMV's Electronic Certificate of Title processes for the sale or transfer of Motor Vehicles. The E-Title processes shall only apply to Intrastate Transactions whereby a Motor Vehicle is sold:

(a) Through a Dealer Sale;
(b) Through a Dealer Purchase; or
(c) Through a Casual Sale.

540 CMR 5.00 only applies to

(d) the Electronic Signature on Paper Titles and
(e) the issuance and transfer of Electronic Title for Motor Vehicles.

540 CMR 5.00 does not modify Motor Vehicle registration transactions requirements set forth under M.G.L. c. 90, § 2 and 540 CMR 2.05: *Vehicle Registration Requirements*.

540 CMR 5.00, issued by the Registrar of Motor Vehicles, establishes the requirements, standards, and specifications for the use of Electronic Signatures on Motor Vehicle Paper Titles and the sale and transfer of Motor Vehicles using an Electronic Title process as authorized under M.G.L. c. 90D, §§ 11A, 24, and 39.

Nothing in 540 CMR 5.00 shall alter the Title requirements outlined in M.G.L. c. 90D or in 940 CMR 5.00, including but not limited to the requirements under M.G.L. c. 90D, §§ 4, 15(a), 16(a), and 32(b), and 940 CMR 5.04(11).

5.02: Definitions

For the purposes of 540 CMR 5.00, the following definitions shall have the meaning:

Casual Sale. A sale for consideration of a Motor Vehicle that is from an individual owner to another individual, who are both Massachusetts residents; provided however, that business entities shall not be considered individuals.

Certificate of Title or Title. Issued by the RMV for a Motor Vehicle pursuant to M.G.L. c. 90D, certifying the Motor Vehicle's current ownership, which includes both a Paper Title and an Electronic Title. No other documents, whether paper or electronic, detailing Motor Vehicle ownership history shall constitute a Certificate of Title.

Class 1. As defined in M.G.L. c. 140, § 58.

Class 2. As defined in M.G.L. c. 140, § 58.

Class 3. As defined in M.G.L. c. 140, § 58.

Dealer. Any person who is licensed as a Class 1 or Class 2 dealer pursuant to M.G.L. c. 140, §§ 57, 58, or 59, engaged principally and substantially in the business of buying, selling or exchanging Motor Vehicles, maintains a facility dedicated to carrying out said business, and is open to the public. Neither a person licensed as Class 3 nor a person who sells Motor Vehicles solely on a wholesale basis are considered Dealers.

5.02: continued

Dealer Assignment of Title. An action in which a Dealer takes possession of a Motor Vehicle and is assigned Title, and the Dealer through a sale, pursuant to M.G.L. c. 90D, § 16, transfers said Title to a customer. Dealer Assignment of Title shall not include the transfer without sale of Title of Motor Vehicles between Dealers, pursuant to M.G.L. c. 90D, § 16.

Dealer Purchase. An action that transfers Title, pursuant to M.G.L. c. 90D, § 15, from an individual owner(s) to a Dealer, upon sale for consideration of a Motor Vehicle; provided however, that business entities shall not be considered individuals.

Dealer Sale. An action

(a) that transfers Title, from a Dealer to a customer, which may include an individual or a Dealer, upon a sale for consideration, of a Motor Vehicle or

(b) for the sale of a Motor Vehicle, utilizing a Manufacturer's Certificate of Origin, which has never been issued a Title, by a Dealer to a customer. For both E-Signature and E-Title, Dealer Sale shall not apply to transactions at wholesale and for E-Title, Dealer Sale shall not apply to transactions with business entities that are not Dealers.

Electronic Certificate of Title or E-Title. A Certificate of Title issued in an electronic form; provided however that E-Title shall only be issued for Intrastate Transactions utilizing the Electronic Vehicle Registration Program or myRMV, where applicable.

Electronic Signature or E-Signature. As defined in M.G.L. c. 110G, § 2.

Electronic Signature Platform. The platform used by a Dealer to obtain Electronic Signature on a Paper Title, which meets the requirements of 540 CMR 5.03(6).

Electronic Vehicle Registration Program or EVR. The Registry's Electronic Vehicle Registration Program, which authorizes approved third parties to facilitate Motor Vehicle Title and registration transactions, enter Motor Vehicle data onto the Registry's computer database, which may be through an authorized third-party vendor, and perform ancillary functions subject to such terms and conditions as the Registrar may prescribe. For the purposes of 540 CMR 5.00 and subject to the requirements 540 CMR 5.00, EVR shall only be used for

(a) E-Signature for Paper Titles and

(b) the issuance and transfer of Electronic Certificate of Title for Motor Vehicle.

Intrastate Transactions.

(a) A Massachusetts Title transaction that occurs solely within Massachusetts as part of a Dealer Sale to a Massachusetts resident for the sale or transfer of a Motor Vehicle;

(b) a Massachusetts Title transaction for a Casual Sale; or

(c) a Massachusetts Title transaction for a Dealer Purchase.

Limited-use Process. A temporary written process for which the Registrar may designate an alternate means to the E-Signature process, as described in 540 CMR 5.03(12), only under certain circumstances as prescribed in 540 CMR 5.03(12).

Manufacturer's Certificate of Origin. As described M.G.L. c. 90D, § 6.

Motor Vehicle or Vehicle. As defined in M.G.L. c. 90, § 1 and, for the purposes of 540 CMR 5.00 shall not include Trailers or any other vehicle the Registrar determines to be unverifiable in the National Motor Vehicle Title Information System ("NMVTIS") or such other database or system as determined by the Registrar.

myRMV. A secure online portal available to Commonwealth residents who are RMV customers to access the Registry of Motor Vehicles and engage in various license and vehicle-related transactions and services.

Paper Certificate of Title or Paper Title. A physical Certificate of Title issued pursuant to M.G.L. c. 90D, § 9 including the front and back of each page of said title and all title assignments.

5.02: continued

Registrar. The Registrar of the RMV.

Registry or RMV. The Registry of Motor Vehicles.

Trailer. As defined in M.G.L. c. 90, § 1.

5.03: Requirements and Limitations for use of Electronic Signature for Paper Titles

Subject to the requirements 540 CMR 5.00, Dealers may use Electronic Signatures on Paper Titles submitted to the Registry for a Dealer Sale or Dealer Assignment of Title, in lieu of traditional signatures on Paper Titles. Dealer Sales and Dealer Assignments of Title must meet the requirements of 540 CMR 5.03 to use Electronic Signature on a Paper Title for the sale or transfer of a Motor Vehicle; provided that in the event that a Vehicle is owned or will be owned by multiple individuals, any applicable requirements of 540 CMR 5.03 apply to each individual owner or potential owner.

(1) An Electronic Signature shall not be used for Casual Sales or Dealer Purchases.

(2) Electronic Signature shall only be used on Paper Title transactions whereby a Vehicle is sold or transferred as part of a Dealer Sale or on Paper Title transactions whereby a Vehicle is sold as part of a Dealer Assignment of Title.

(3) A Paper Title that has been executed with an Electronic Signature in accordance with the requirements contained 540 CMR 5.00 does not have to be converted to physical format by printing for any purpose, except when submission by physical means is necessary and required by the Registrar.

(4) Electronic Signature may be used to transfer a Motor Vehicle Paper Title as part of a Dealer Assignment of Title, provided that all of the following requirements are met:

(a) The existing Motor Vehicle Paper Title is properly assigned to the Dealer, pursuant to M.G.L. c. 90D, § 16;

(b) The Paper Title is free of all encumbrances and liens; and

(c) The Dealer is enrolled in EVR.

(5) Electronic Signature may be used to transfer a Motor Vehicle Paper Title, as part of a Dealer Sale, provided that all of the following requirements are met:

(a) The existing Motor Vehicle Paper Title is issued to the Dealer transferring Title, in the Dealer's name, pursuant to M.G.L. c. 90D, § 15;

(b) The Paper Title is free of all encumbrances and liens; and

(c) The Dealer is enrolled in EVR.

(6) The security requirements for using Electronic Signatures for Paper Title transactions meeting the requirements of 540 CMR 5.03 must comply with the following, or such other standards and controls which may be identified by the Registrar in guidance:

(a) The Electronic Signature Platform must meet the standards of NIST SP 800-63-3;

(b) The signatory for the Dealer must be authorized to sign Paper Titles on behalf of the Dealer, and supply documentation sufficient to the Registrar supporting and certifying that authorization;

(c) The signatory for the Dealer must undergo identity proofing at Identify Authentication Level 2 (IAL2) standards during account enrollment on the Electronic Signature Platform. "IAL2" means identity proofing meeting NIST SP 800-63-3 standards *via* validated government photo ID and biometric liveness verification;

(d) The signatory for the Dealer shall authenticate using multi-factor authentication meeting Authenticator Assurance Level 2 (AAL2) standards to access the Electronic Signature Platform. "AAL2" means multi-factor authentication using at least two different authentication factors as defined by NIST SP 800-63-3 (*e.g.* username and password plus one-time code); and

5.03: continued

(e) The buyer must receive a secure, one-time access link from the Electronic Signature Platform *via* email or SMS and must complete identity verification (validated government ID and biometric liveness check) before signing. This meets AAL1 authentication with IAL2-equivalent identity verification standards, or such standards or controls which may be identified by the Registrar in guidance.

(7) A Dealer Sale or Dealer Assignment of Title that includes a transfer of a Paper Title utilizing Electronic Signature must be submitted with the following documentation in a format approved by the Registrar, to be considered valid for sale or transfer purposes:

(a) Signed attestation under the pains and penalties of perjury, in a form or manner approved by the Registrar, affirming that the scanned Paper Title is a true and unaltered representation of the original document and any Electronic Signature meets the Registrar's requirements as enumerated in 540 CMR 5.03;

(b) Signed attestation under the pains and penalties of perjury, in a form or manner approved by the Registrar, affirming that the Electronic Signature Platform used to obtain the Electronic Signature meets the Registrar's requirements as enumerated in 540 CMR 5.03(6);

(c) The Electronically Signed Title Package, in a form and manner approved by the Registrar, consisting of:

1. Digitally signed document bundle containing a scanned Paper Certificate of Title or Manufacturer's Certificate of Origin, fillable Digital Signature Retail Sale Assignment form or Electronic Manufacturer's Certificate of Origin Form, as approved by Registrar, and additional documents as required by law or transaction type; and
2. Electronic Signature Platform generated certificate of completion:
   a. Signature attestation records for Dealer and customer;
   b. Audit trail report itemizing the signature history of all signatories; and
   c. Document integrity verification report.

(8) An Electronic Signature on a Paper Title, meeting the requirements of 540 CMR 5.03, shall only be submitted through EVR to the RMV, except when otherwise directed by the RMV.

(9) All documents related to the Dealer Sale and Dealer Assignment of Title shall be retained and destroyed in a form and manner as determined by the Registrar.

(10) Pursuant to M.G.L. c. 110G, § 5, nothing in 540 CMR 5.00 shall be construed to require a buyer to use E-Signature.

(11) Nothing 540 CMR 5.00 shall be construed to require, limit, prohibit, or otherwise hinder the Registrar to provide or issue an "electronic power of attorney" or "electronic title" as those terms are defined in Part 580 of Title 49 United States Code of Federal Regulations, or require the use of or provide an electronic signature process, system, platform, or service.

(12) The conveyor of the Vehicle shall maintain or surrender the existing Paper Title or Manufacturer's Certificate of Origin, if applicable, upon completion of the transaction for a Vehicle that is sold, or transferred under 540 CMR 5.03, in a form or manner prescribed by the Registrar.

(13) Limited-use Process: The RMV shall develop a Limited-use Process for the Electronic Signatures for Dealer Sales or Dealer Assignments of Title eligible for use of the E-Signature process under 540 CMR 5.03. The Limited-use Process may only be used during a term specified by the Registrar when implementing the Limited-use Process is necessary to meet Registry compliance directives or for limited circumstances as determined by the Registrar, in their sole discretion. For any term that the Limited-use Process is available, it must be made available to all applicable customers under 540 CMR 5.03. Any attempt by a customer or Dealer to utilize the Limited-use Process during a term not specified by the Registrar shall result in the transaction being denied and may be deemed a violation of 540 CMR 5.03, subject to penalties as described in 540 CMR 5.06.

5.03: continued

(14) Out of State Dealers using Out of State Certificates of Title:

(a) For the purposes of 540 CMR 5.03(13), the following definitions shall have the following meanings:

1. Out of State Certificate of Title or Out of State Title. A certificate of title issued by a non-Massachusetts Motor Vehicle Administrator for a Motor Vehicle, certifying the Motor Vehicle's current ownership, issued on paper, including the front and back of each page of said title and all title assignments. An Out of State Certificate of Title shall constitute a "Paper Title" for the purposes of conducting transactions pursuant to 540 CMR 5.03(13) and meeting the requirements of 540 CMR 5.03.

2. Out of State Dealer. Any person who is licensed in another state as a motor vehicle dealer, is eligible to participate in EVR and enrolled in EVR, is engaged principally and substantially in the business of buying, selling or exchanging new or used Motor Vehicles, maintains a facility dedicated to carrying out said business, and is open to the public. Neither a person who sells Motor Vehicles solely on a salvage basis nor a person who sells Motor Vehicles solely on a wholesale basis are considered Out of State Dealers. An Out of State Dealer shall constitute a "Dealer" within the definition of "Dealer Sale" and "Dealer Assignment of Title" under 540 CMR 5.03.

(b). Subject to the requirements of 503 CMR 5.03, Out of State Dealers may use Electronic Signatures on Out of State Certificates of Title submitted, through EVR, if eligible and enrolled in EVR, to the Registry for a Dealer Sale or Dealer Assignment of Title only to a Massachusetts resident, in *lieu* of traditional signatures.

5.04: Procedures for Establishing an Electronic Title.

(1) Upon payment of the fee for Certificate of Title, as prescribed in 801 CMR 4.02: *Fees for Licenses, Permits, and Services to Be Charged by State Agencies*, for Intrastate Transactions meeting the requirements of 540 CMR 5.05:

(a) Dealers may use EVR to apply for an Electronic Title for Dealer Sales.

(b) Individual sellers and buyers, must each have an active myRMV login and use myRMV to apply for an Electronic Title for a Casual Sale.

(c) An individual seller, initiating a Dealer Purchase transaction through myRMV, to a Dealer buyer utilizing EVR may apply for an Electronic Title for a Dealer Purchase.

(2) In the event that a Vehicle is owned or will be owned by multiple individuals, the requirements of 540 CMR 5.04 apply to each individual owner or potential owner.

(3) All other Title transactions must be processed in accordance with the Paper Title processes contained in M.G.L. c. 90D, §§ 15, 16 and any applicable policies and procedures issued by the Registrar.

(4) Insurance carriers, insurance agents, lienholders, and other authorized stakeholders may validate Electronic Titles for Motor Vehicle Sales through the Registry.

(5) Upon request by the current owner or lienholder and upon payment of any applicable fees, the Registry may issue a Paper Title with a new Title number that will supersede any existing Titles, including the prior E-Title.

(6) Any Motor Vehicle registration transactions require a separate transaction with separate requirements defined under M.G.L. c. 90, § 2 and 540 CMR 2.05: *Vehicle Registrations Requirements*.

(7) All sales tax due as the result of a transaction under 540 CMR 5.00 shall be collected in a form and manner determined by the Registrar or as directed by the Department of Revenue.

5.05: Requirements for use of Electronic Title Process.

(1) Requirements for Dealer Sales:

(a) To effect an Electronic Title transaction for a Dealer Sale, Dealers must:

1. hold the Manufacturer's Certificate of Origin for a new Vehicle that has never been issued Title or take Title to the Vehicle, pursuant to M.G.L. c. 90D, § 15;
2. be enrolled in EVR;
3. submit and maintain all other documentation required under state law and regulation, including those required for execution of a Dealer Sale pursuant to 940 CMR 5.00;
4. store and maintain E-Title and transaction support documents for five years from the date the new E-Title is issued by the RMV or the term identified in their EVR agreement, whichever is longer, except as provided below, as may be updated from time to time in the Registrar's sole discretion;
5. dispose of copies and original EVR records in accordance with their EVR agreement and program specifications, and other such policies that the Registrar may issue, which may be updated from time to time in the Registrar's sole discretion; and
6. comply with any other requirements established by the Registrar.

(b) If the buyer is a Dealer, the buyer must be enrolled in EVR. If the buyer is an individual, the buyer must have an active myRMV account and login.

(c) The Title must be free of all brands or encumbrances, other than liens on Electronic Lien Transfer under M.G.L. c. 90D, § 11, that the Dealer is completing a payoff as part of the transaction.

(d) A Dealer Sale shall not utilize a power of attorney to effectuate an E-Title transaction.

(e) The Dealer Sale must be an Intrastate Transaction.

(2) Requirements for Casual Sales and Dealer Purchase:

(a) The following must be met to effect an Electronic Title transaction for a Casual Sale and Dealer Purchase:

1. The seller must:
   a. Have an active myRMV account and login;
   b. Have the Title in their name and possession, which may include electronic possession through myRMV; and
   c. Submit and maintain all other documentation required under state law and regulation.
2. If the buyer is a Dealer, the buyer must be enrolled in EVR. If the buyer is an individual, the buyer must have an active myRMV account and login.
3. The Title must be free of all brands, encumbrances, or liens.
4. A Casual Sale and Dealer Purchase shall not utilize a power of attorney to effectuate an E-Title transaction.
5. The Casual Sale or Dealer Purchase must be an Intrastate Transaction.
6. Any other requirements established by the Registrar.

5.06: Violations and Enforcement

(1) The Title of any Motor Vehicle that is issued in violation of 540 CMR 5.00 shall be subject to the notice and revocation process as outlined under M.G.L. c. 90D, § 27 and 540 CMR 9.00: *Conduct of Hearings within the Registry of Motor Vehicles*.

(2) Enforcement and Penalties for Violations of use of Electronic Signature and E-Title for Dealer Sales.

(a) For any Dealer issued a notice pursuant to 540 CMR 5.06(1), who is found by the RMV, based on substantial evidence, to be in violation of 540 CMR 5.00, or found by the RMV to have submitted documentation to the Registry on paper or through EVR containing fraudulent information, the Registrar shall impose one or more of the following:

1. Suspend or revoke the Dealer's access to EVR.
2. ii. Notify the Dealer's Licensing Authority of this violation.
3. Any other penalty within the Registrar's legal and administrative authority, as the Registrar may deem appropriate.

5.06: continued

(b) For any Dealer who fails to respond timely to the Registry's notice issued pursuant to 540 CMR 5.06(1) and the revocation process as outlined under M.G.L. c. 90D, § 27 and 540 CMR 9.00: *Conduct of Hearings within the Registry of Motor Vehicles*, the Registrar shall suspend or revoke the Dealer's access to EVR.

(3) Enforcement and Penalties for Violations of use of E-Title for Casual Sales and Dealer Purchases.

(a) For any Dealer issued a notice pursuant to 540 CMR 5.06(1), who is found by the RMV, based on substantial evidence, to be in violation of 540 CMR 5.00, or found by the RMV to have submitted documentation to the Registry on paper or through myRMV or EVR containing fraudulent information, the Registrar shall impose one or more of the following:

1. Suspend or revoke the Dealer's access to EVR.
2.. Notify the Dealer's Licensing Authority of this violation.
3. Any other penalty within the Registrar's legal and administrative authority, as the Registrar may deem appropriate.

(b) For any individual issued a notice pursuant to 540 CMR 5.06(1), who is found, based on substantial evidence, to be in violation of 540 CMR 5.00 or to have submitted documentation to the Registry on paper or through myRMV containing fraudulent information, the Registrar shall impose one or more of the following:

1. Suspend or revoke the individual's access to myRMV, requiring all Registry transactions to be conducted in-person for the duration of the suspension or revocation period.
2. Any other penalty within the Registrar's legal and administrative authority, as the Registrar may deem appropriate.

(c) For any individual or Dealer who fails to respond timely to the Registry's notice issued pursuant to 540 CMR 5.06(1) and the revocation process as outlined under M.G.L. c. 90D, § 27 and 540 CMR 9.00: *Conduct of Hearings within the Registry of Motor Vehicles*, the Registrar shall suspend or revoke their access to myRMV or EVR, as applicable, pending the outcome of a hearing for the violations noticed by the Registry.

5.07: Effective Dates

The effective date will be the date of publication of 540 CMR 5.00, except as follows:

Date	**540 CMR 5.00 Section and Title**
August 31, 2026	5.04 Procedures for establishing an Electronic Title for Casual Sales
August 31, 2026	5.05(1) Requirements for use of Electronic Title Process for Casual Sales
March 31, 2027	5.04 Procedures for establishing an Electronic Title for Dealer Sales 5.04 Procedures for establishing an Electronic Title for Dealer Purchases
March 31, 2027	5.05(1) Requirements for use of Electronic Title Processes for Dealer Purchases 5.05(2) Requirements for use of Electronic Title Process for Dealer Sales

REGULATORY AUTHORITY

540 CMR 5:00: M.G.L. c. 90D, §§ 11A, 24, and 39; St. 2025, c. 9, §§ 38, 39 and 40.

NON-TEXT PAGE

Docket # 37

THE COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin

Secretary of the Commonwealth

Regulation Filing

To be completed by filing agency

CHAPTER NUMBER: **957 CMR 11.00**

CHAPTER TITLE: **Registered Provider Organization Reporting Requirements**

AGENCY: **Center for Health Information and Analysis**

SUMMARY OF REGULATION: *State the general requirements and purposes of this regulation.*

957 CMR 11.00 governs reporting requirements for Registered Provider Organizations.

REGULATORY AUTHORITY: **MGL c. 12C**

AGENCY CONTACT: **Gretchen Losordo** PHONE: **617-701-8144**

ADDRESS: **501 Boylston Street, Suite 5100, Boston, MA 02116**

Compliance with M.G.L. c. 30A

EMERGENCY ADOPTION - *if this regulation is adopted as an emergency, state the nature of the emergency.*

PRIOR NOTIFICATION AND/OR APPROVAL - *If prior notification to and/or approval of the Governor, Legislature or others was required, list each notification, and/or approval and date, including notice to the Local Government Advisory Commission.*

Executive Office of Housing and Livable Communities (5/22/26); David Koffman, Massachusetts Municipal Association (5/22/26)

PUBLIC REVIEW - *M.G.L. c. 30A sections 2 and/or 3 requires notice of the hearing or comment period, including a small business impact statement, be filed with the Secretary of the Commonwealth, published in appropriate newspapers, and sent to persons to whom specific notice must be given at least 21 days prior to such hearing or comment period.*

Date of public hearing or comment period: **7/2/26**

FISCAL EFFECT - *Estimate the fiscal effect of the public and private sectors.*

For the first and second year:

For the first five years:

No fiscal effect: **There is no fiscal impact on cities and towns and no fiscal impact on small businesses.**

SMALL BUSINESS IMPACT - *M.G.L. c. 30A section 5 requires each agency to file an amended small business impact statement with the Secretary of the Commonwealth prior to the adoption of a proposed regulation. If the purpose of this regulation is to set rates for the state, this section does not apply.*

Date amended small business impact statement was filed: **7/24/26**

CODE OF MASSACHUSETTS REGULATIONS INDEX - *List key subjects that are relevant to this regulation:*
Registered Provider Organization Reporting Requirements

PROMULGATION - *State the action taken by this regulation and its effect on existing provisions of the Code of Massachusetts Regulations (CMR) or repeal, replace or amend. List by CMR number:*
Amends 957 CMR 11.00.

ATTESTATION - *The regulation described herein and attached hereto is a true copy of the regulation adopted by this agency.* ATTEST:

SIGNATURE: SIGNATURE ON FILE DATE: **Jul 28 2026**

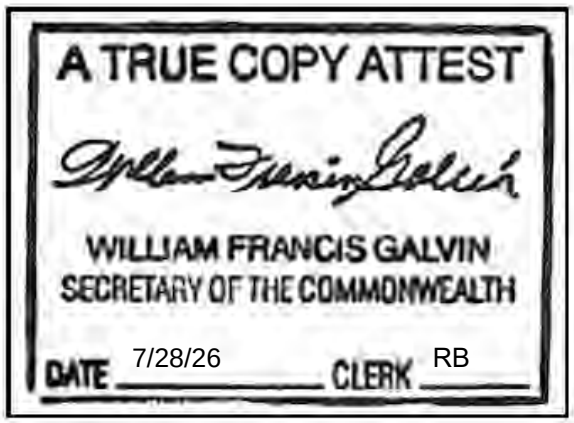
Publication - *To be completed by the regulations Division*

MASSACHUSETTS REGISTER NUMBER: **1580** DATE: **8/14/26**

EFFECTIVE DATE: **8/14/26**

CODE OF MASSACHUSETTS REGULATIONS

Remove these Pages:	*Insert these Pages:*
77 - 82	**77 - 82.2**



957 CMR 11.00: REGISTERED PROVIDER ORGANIZATION REPORTING REQUIREMENTS

Section

11.01: General Provisions

(1) Scope and Purpose. The purpose of 957 CMR 11.00 is to specify the reporting requirements for the registration of provider organizations program jointly administered by the Center for Health Information and Analysis and the Health Policy Commission, as required by M.G.L. c. 12C and M.G.L. c. 6D. The Commission's regulation, 958 CMR 6.00: *Registration of Provider Organizations*, specifies the criteria that determine which Provider Organizations must register with the registration of provider organizations program, the manner of registration, and what information must be submitted to complete Registration.

(2) Applicability. 957 CMR 11.00 applies to Registered Provider Organizations as defined in section 11.02.

(3) Authority. 957 CMR 11.00 is issued pursuant to M.G.L. c. 12C, including but not limited to, §§ 3, 5, 9, and 11.

11.02: Definitions

All defined terms in 957 CMR 11.00 are capitalized. Any other term used in this regulation but not defined herein shall have the meaning given to the term by M.G.L. c. 12C, other CHIA regulations, or Sub-regulatory Guidance.

As used in 957 CMR 11.00, unless the context requires otherwise, the following words shall have the following meanings:

Acute Hospital. The teaching hospital of the University of Massachusetts Medical School and any hospital licensed under M.G.L. c. 111, § 51 and which contains a majority of medical-surgical, pediatric, obstetric, and maternity beds, as defined by the Department of Public Health.

Adjudicatory Proceeding. A proceeding before an agency in which the legal rights, duties or privileges of specifically named persons or entities are required by constitutional right or by any provision of the Massachusetts General Laws to be determined after an opportunity for an agency hearing.

Annual Filing. The information that a Provider Organization subject to the registration requirements of 958 CMR 6.00 must submit to the MA-RPO Program, in a form specified in the Data Submission Manual, pursuant to M.G.L. c. 6D, § 11 and M.G.L. c. 12C, §§ 9 and 11.

Audited Financial Statements. A complete set of financial statements of an Entity, including the notes to the financial statements, which are subject to an independent audit in accordance with Generally Accepted Auditing Standards (GAAS). The independent auditor issues an opinion as to whether or not the accompanying financial statements are presented fairly in accordance with Generally Accepted Accounting Principles (GAAP).

CHIA or Center. The Center for Health Information and Analysis established under M.G.L. c. 12C.

11.02: continued

Clinical Affiliation. Any relationship between a Provider or Provider Organization and another Entity for the purpose of increasing the level of collaboration in the provision of Health Care Services, including, but not limited to, sharing of physician resources in hospital or other ambulatory settings, co-branding, expedited transfers to advanced care settings, provision of inpatient consultation coverage or call coverage, enhanced electronic access and communication, co-located services, provision of capital for service site development, joint training programs, video technology to increase access to expert resources and sharing of hospitalists or intensivists. This definition applies to all forms of the term, including "Clinical Affiliates" and "Clinically Affiliated".

Commission. The Health Policy Commission established in M.G.L. c. 6D.

Community Advisory Board. Committees, boards, or other oversight and governance bodies engaging the community of a Provider Organization, including, but not limited to, patient and family advisory councils, as defined in 105 CMR 130.1800: *Patient and Family Advisory Council* or community benefits advisory boards.

Consolidating Schedule. A document that accompanies the consolidated Audited Financial Statements, which includes detailed financial statements of subsidiary hospital(s) and the other organizations that comprise the consolidated entity.

Contracting Affiliation. A relationship between a Provider Organization and another Provider or Provider Organization for the purposes of negotiating, representing, or otherwise acting to establish contracts for the payment of Health Care Services, including for payment rates, incentives, and operating terms, with a Payer. This definition applies to all forms of the term, including "Contracting Affiliates".

Control. The possession, direct or indirect, of the power, partial or complete, to direct or cause the direction of the management, administrative functions, assets, or policies of an Entity, whether through the ownership of voting securities or rights, the power to appoint, designate, or remove board members or directors, control, either directly or indirectly, by contract (except a commercial contract for goods or non-management services) or otherwise; but no person shall be deemed to possess such Control solely by reason of being an officer or director of an Entity. Control shall be deemed to exist if any person or Entity directly or indirectly owns, has rights over, or holds with the power to vote ten percent or more of the voting securities of an Entity. This definition applies to all forms of the word, including "Controls", "Controlling", and "Controlled".

Corporate Affiliation. A relationship between two Entities that reflects, directly or indirectly, a partial or complete Controlling interest or partial or complete common Control. This definition applies to all forms of the term, including "Corporate Affiliates" and "Corporately Affiliated."

Data Submission Manual. A manual published by the MA-RPO Program as an administrative bulletin, containing specifications, submission guidelines, and timelines for Registration and data collection.

Division. The Massachusetts Division of Insurance established in M.G.L. c. 26, § 1.

Entity. A corporation, sole proprietorship, partnership, limited liability company, trust, foundation, or any other organization formed for the purpose of carrying on a commercial or charitable enterprise.

Facility. A licensed institution providing Health Care Services, or a health care setting, including, but not limited to, hospitals and other licensed inpatient centers, ambulatory surgical or treatment centers, skilled nursing centers, residential treatment centers, diagnostic, laboratory and imaging centers, and rehabilitation and other therapeutic health settings.

11.02: continued

Fiscal Year. The 12-month period during which a Provider Organization keeps its accounts and which is identified by the calendar year in which it ends.

Full-time Equivalent. The ratio of the total payroll hours for employees to the standard number of annual full-time payroll hours, and the equivalent for contracted individuals.

Funds Flow. The apportionment of Provider or Provider Organization funds, including payments from Payers, across affiliated Entities, which shall include apportionment across hospitals and physicians, across physician groups, across primary care physicians and specialists, and across employed versus affiliated physicians.

Governmental Unit. The Commonwealth, any board, commission, department, division, or agency of the Commonwealth, and any political subdivision of the Commonwealth.

Health Care Provider or Provider. A provider of Health Care Services or any other person or organization that furnishes, bills or is paid for Health Care Services delivery in the normal course of business or any person, corporation, partnership, governmental unit, state institution or any other Entity qualified under the laws of the Commonwealth to perform or provide Health Care Services.

Health Care Professional. A physician or other health care practitioner licensed, accredited, or certified to perform specified Health Care Services consistent with law.

Health Care Real Estate Investment Trust. A real estate investment trust, as defined by 26 U.S.C. § 856, whose assets consist of, in whole or in part, real property held in connection with the use or operations of a provider or provider organization.

Health Care Services. Supplies, care and services of medical, behavioral health, substance use disorder, mental health, surgical, optometric, dental, podiatric, chiropractic, therapeutic, diagnostic, preventative, rehabilitative, supportive or geriatric nature including, but not limited to, inpatient and outpatient acute hospital care and services, pharmacy services, services provided by a community health center, home health care provider, and hospice care provider, or by a sanatorium, as included in the definition of "hospital" in Title XVIII of the federal Social Security Act, and treatment and care compatible with such services, or by a health maintenance organization.

Management Services Organization. A corporation or other business organization that provides management or administrative services to a provider or provider organization for compensation.

Massachusetts Registration of Provider Organizations Program or MA-RPO Program. The Commonwealth program, jointly administered by the Commission and the Center, pursuant to their respective authorities under M.G.L. c. 6D and M.G.L. c. 12C and regulations promulgated thereunder.

Patient Panel. The total number of individual patients seen over the course of the most recent complete 36-month period.

Payer. Any Entity, other than an individual, that pays providers for the provision of Health Care Services; provided, that "Payer" shall include both governmental and private Entities and Third Party Administrators; and provided further, that "Payer" shall include self-insured plans to the extent allowed under the Employee Retirement Income Security Act of 1974.

Practice Site. The physical location where the clinician is providing Health Care Services.

Presiding Officer. The individual(s) authorized by law or designated by the Center to conduct an Adjudicatory Proceeding.

11.02: continued

Private Equity Company. Any Entity, however organized, that collects capital investments from individuals or Entities and purchases, as a parent company or through another Entity that the company completely or partially owns or Controls, a direct or indirect ownership share of a Provider, Provider Organization or Management Services Organization; provided, however, that "Private Equity Company" shall not include venture capital firms exclusively funding startups or other early-stage businesses.

Provider Organization. Any corporation, partnership, business trust, association or organized group of persons, and all corporate affiliates thereof, which is in the business of health care delivery or management, whether incorporated or not, that represents one or more Health Care Providers in contracting with Payers for the payment of Health Care Services; provided that the definition shall include, but not be limited to, physician organizations, physician-hospital organizations, independent practice associations, Provider networks, accountable care organizations, and any other organization that contracts with Payers for payment for Health Care Services.

Registration. The process of becoming a Registered Provider Organization as established by the MA-RPO Program pursuant to M.G.L. c. 6D, § 11.

Registered Provider Organization or RPO. A Provider Organization that meets the criteria for Registration pursuant to 958 CMR 6.00: *Registration of Provider Organizations* and has registered with the Commission.

Risk-Bearing Provider Organization or RBPO. An Entity subject to the requirements of the Division pursuant to M.G.L. c. 176T and any regulations promulgated thereunder.

Risk Certificate. A certificate of solvency issued by the Division that demonstrates that a Risk-Bearing Provider Organization has satisfied the certification requirements of M.G.L. c. 176T and 211 CMR 155.00.

Significant Equity Investor. Any Private Equity Company with a financial interest in a Provider, Provider Organization or Management Services Organization; or an investor, group of investors or other Entity with a direct or indirect possession of equity in the capital, stock or profits totaling more than 10 per cent of a Provider, Provider Organization or Management Services Organization; provided, however, that "Significant Equity Investor" shall not include venture capital firms exclusively funding startups or other early-stage businesses.

Sub-regulatory Guidance. An Administrative Bulletin, notice, manual, guide, or other document, including the Data Submission Manual, that specifies deadlines, technical submission requirements, or contains methodological explanations and examples to facilitate understanding of and compliance with adopted regulations.

Third-party Administrator. An Entity that administers payments for Health Care Services on behalf of a client in exchange for an administrative fee.

Uppermost Corporate Parent. An Entity with a primary business purpose of health care delivery, management, ownership or investment that is not itself owned or Controlled, partially or completely, directly or indirectly, by any other Entity.

11.03: Registered Provider Organization Reporting Requirements

(1) General. A Provider Organization that meets the Registration criteria in accordance with 958 CMR 6.00: *Registrations of Provider Organizations* shall register with the Commission and shall submit data and information to the MA-RPO Program in accordance with the procedures provided in 957 CMR 11.00, 958 CMR 6.00 and Sub-regulatory Guidance.

(a) A Provider Organization required to register with the Commission shall meet its reporting obligations through the submission by its Uppermost Corporate Parent of an Annual Filing.

11.03: continued

(b) At the discretion of the MA-RPO Program, a Provider Organization that meets the Registration criteria may meet its reporting obligations through the submission of an abbreviated Annual Filing in a format prescribed by the MA-RPO Program if another Registered Provider Organization negotiates, represents, or otherwise acts to establish contracts with Payers for the payment of Health Care Services on its behalf.

(2) Reporting Requirements. Subject to the specifications and instructions detailed in Sub-regulatory Guidance, and unless otherwise specified by the MA-RPO Program, an Annual Filing shall include the following information about the Provider Organization:

(a) Information about the ownership, governance, and operational structure, including, organizational charts, narrative descriptions of the type and kind of Corporate Affiliations and Contracting Affiliations, information on incentive structures and compensation models, including Funds Flow within the Provider Organization, information on Significant Equity Investors, Real Estate Investment Trusts, and Management Services Organizations, and information on the characteristics of any Clinical Affiliations and the role of Community Advisory Boards;

(b) The number of Health Care Professional Full-Time Equivalents by license type and specialty, each Health Care Professional's name, address of principal location of work, national provider identifier, or other identifying information, and whether the Health Care Professional is employed by or affiliated with the Provider Organization and the nature of that relationship, including whether provisions exist in physician participation or employment agreements such as referral requirements;

(c) The name and address of each Facility and Practice Site, including by license number, license type, tax identification number, national provider identifier, and capacity in each major service category;

(d) The name, address and capacity of all other locations where the Provider Organization delivers Health Care Services, including those services listed in M.G.L. c. 6D, § 22(a);

(e) Comprehensive financial statements, including Audited Financial Statements, Consolidating Schedules and standardized filings that shall include a balance sheet and a statement of operations, and including information on the Uppermost Corporate Parent, including their out-of-state operations, and Corporate Affiliates, including Significant Equity Investors, Health Care Real Estate Investment Trusts and Management Services Organizations as applicable, and including details regarding annual costs, annual receipts, realized capital gains and losses, accumulated surplus and accumulated reserves;

(f) Information on clinical quality, care coordination and patient referral practices;

(g) Information regarding expenditures and funding sources for payroll, teaching, research, advertising, taxes or payments-in-*lieu*-of-taxes and other non-clinical functions;

(h) Information regarding charitable care and community benefit programs;

(i) For Risk-bearing Provider Organizations, a statement certifying that the RBPO has received a Risk Certificate or a waiver from the Division as required by M.G.L. c. 176T or any regulations promulgated thereunder;

(j) Information regarding other assets and liabilities that may affect the financial condition of the Provider Organization or the Provider Organization's Facilities including, but not limited to, real estate sale-leaseback arrangements with Health Care Real Estate Investment Trusts;

(k) Information regarding any discounts, rebates or any other type of refunds or remuneration in exchange for, or in any way related to, the provision of Health Care Services;

(l) Information on stop-loss insurance and any non-fee-for-service payment arrangements;

(m) Information on utilization by major service category;

(n) Total revenue by payer under pay for performance arrangements, risk contracts, and other fee-for-service arrangements;

(o) Attestations completed by two duly authorized officers of the Provider Organization that the information is true and accurate; and

(p) Such other information as the MA-RPO Program considers appropriate.

11.03: continued

(3) At any time, the MA-RPO Program may, by written request, require additional information reasonable and necessary to determine the financial condition, organizational structure, business practices, clinical services, or market share of a Registered Provider Organization, including total adjusted debt and total adjusted earnings. The MA-RPO Program may require a Registered Provider Organization with direct or indirect private equity investment to report required information quarterly or require the disclosure of relevant information from any Significant Equity Investor associated with a Registered Provider Organization. The MA-RPO Program may modify uniform reporting requirements. A Registered Provider Organization shall respond to a request for additional information within 21 calendar days of the date of the request, unless otherwise specified in writing by the MA-RPO Program.

(4) The reporting requirements set forth in 957 CMR 11.03(2) may be fulfilled through the reporting of such information to other Commonwealth of Massachusetts agencies, as may be specified in Sub-regulatory Guidance.

11.04: Data Submission Procedures

(1) General. Registered Provider Organizations shall submit data and information to the MA-RPO Program in accordance with the procedures, deadlines, and schedules provided in 957 CMR 11.00 or Sub-regulatory Guidance from the MA-RPO Program. In the event a data submission deadline falls on a Saturday, Sunday, or Commonwealth holiday, the data shall be due on the business day immediately thereafter.

(2) Sub-Regulatory Guidance. The MA-RPO Program will issue Sub-Regulatory Guidance to clarify its requirements, policies, and procedures under 957 CMR 11.00 and to set forth the required technical information, such as: data file format, record specifications, data elements, definitions, code tables and edit specifications for data and information submitted pursuant to 957 CMR 11.00.

The MA-RPO Program may also issue Sub-regulatory Guidance to specify or amend data and information required to be submitted; to specify or amend the procedures for submitting data and information; and to specify or amend the timeframes for submitting data and information.

(3) Amended Data Submissions. Registered Provider Organizations may amend data submissions, subject to the approval of the MA-RPO Program, upon notice of the proposed amended data submissions, and the reasons for such changes. Amended data submissions shall be made in accordance with the procedures provided in Sub-regulatory Guidance.

(4) Data Review, Verification, and Resubmission. If necessary, Registered Provider Organizations may be required to review, verify, or resubmit certain data and information previously submitted. The MA-RPO Program will notify a Registered Provider Organization of when such data and information must be reviewed, verified, or resubmitted and will provide to applicable Registered Provider Organization such health care data and information, or summary reports of such data and information, for review, verification, or resubmission.

(5) Additional Documentation. The MA-RPO Program may request that Registered Provider Organizations submit additional documentation related to reported data and information through Sub-regulatory Guidance or by written request.

(6) Accuracy. The Registered Provider Organization
(i) certifies that an authorized representative of the Registered Provider Organization submitted information and data to the MA-RPO Program, and
(ii) attests that information and data submitted to the MA-RPO Program is true, correct, and complete.

(7) Extension Requests. The MA-RPO Program may grant, for good cause, an extension in time to Registered Provider Organizations to submit health care data and information.

11.04: continued

(8) Waivers. The MA-RPO Program may grant waivers from certain annual reporting requirements under 957 CMR 11.00 based on criteria specified in Sub-regulatory Guidance.

(9) Fees. The Center may assess administrative fees on Registered Provider Organizations in an amount to defray the Center's costs in collecting Registered Provider Organization data and information pursuant to 957 CMR 11.00.

(10) Notification to Health Policy Commission and Department of Public Health. The Center is required by M.G.L. c. 12C, § 11 to notify the Health Policy Commission and the Department of Public Health if a Provider or Provider Organization has failed to timely report required data or information.

11.05: Penalties

The Center will provide written notice to Registered Provider Organizations that fail to comply with the reporting deadlines established in 957 CMR 11.00.

(1) The Center will notify Registered Provider Organizations that failure to respond within two weeks of the written notice, without just cause, may result in penalties. In accordance with M.G.L. c. 12C, § 11, Registered Provider Organizations may be subject to a penalty of up to $25,000 per week for each week that they fail to provide the required data and information.

(2) Any remedy available under 957 CMR 11.00 is in addition to other sanctions and penalties that may apply under the provisions of other statutes and regulations.

(3) Registered Provider Organizations that fail to comply with the requirements of 957 CMR 11.00 will be subject to all penalties and remedies allowed by law and the Center will take all necessary steps to enforce 957 CMR 11.00, including a petition to the Superior Court for an order enforcing the same.

(4) Before assessing a penalty, the Center shall notify the Registered Provider Organization that has failed to comply with the requirements of 957 CMR 11.00 that it has the right to request a hearing in accordance with M.G.L. c. 30A, § 10.

(5) If a hearing is timely requested in writing, the Center, including through a Presiding Officer, will conduct the hearing in accordance with 801 CMR 1.00: *Standard Adjudicatory Rules of Practice and Procedure*. After the hearing, the Center shall render a written decision and may assess a civil penalty pursuant to 957 CMR 11.05(1).

(6) After the issuance of a final decision, except where any provision of law precludes judicial review, a Registered Provider Organization aggrieved by such final decision may seek judicial review thereof in accordance with M.G.L. c. 30A, § 14.

11.06: Severability

The provisions of 957 CMR 11.00 are severable. If any provision or the application of any provision is held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions of 957 CMR 11.00 or the application of such provisions.

REGULATORY AUTHORITY

957 CMR 11.00: M.G.L. c. 12C.

NON-TEXT PAGE